

# MISS LASSEN COUNTY SCHOLARSHIP PROGRAM

## OFFICIAL REGISTRATION FORM

Must be returned to the Fair Office by **4PM, FRIDAY, May 23, 2025.**

Participant's Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

How long has participant resided in Lassen County? \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Parents' Phone Number(s): \_\_\_\_\_

Talent to be performed for Stage Arts: \_\_\_\_\_

Name of song, if applicable: \_\_\_\_\_

Participant's Sponsor(s):

1. \_\_\_\_\_

Sponsor Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. \_\_\_\_\_

Sponsor Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_