

Baby Contest Registration Form



Contestant's Name: _____

Address: _____

Phone: _____

Age: _____ Birthdate: _____ Sex: _____

Favorite Toy or Game:

Least Favorite Food:

Hobbies or Interests:

Talents:

Three words that best describe your child:

Signature of Parent or Guardian:

REGISTRATION FORM AND FEE MUST BE IN BY:
Thursday, October 13th, 2011

Forms can be dropped off at OLOL, after Masses or mailed to:
Nicole Dysart
3217 Story Park Blvd. Meraux, LA 70075
(MUST BE RECEIVED BY Oct. 13, 2011)