

# CAVOILCADE DUCHESS APPLICATION/CONTRACT

Please print or type the following information:

DUCHESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARENTS' NAME: \_\_\_\_\_

(If divorced, please list as you would want them to appear in the newspaper and coronation program. If deceased, please note by using *The Late*.)

MOTHER'S FIRST NAME: \_\_\_\_\_

ADDRESS (IF DIFFERENT) \_\_\_\_\_

FATHER'S PLACE OF EMPLOYMENT \_\_\_\_\_

MOTHER'S PLACE OF EMPLOYMENT \_\_\_\_\_

GRANDPARENTS (if from Port Arthur) \_\_\_\_\_

CONTACT PHONE NUMBER IN PORT ARTHUR \_\_\_\_\_

*This is to certify that I \_\_\_\_\_ (Duchess Signature) have read all the rules and requirements required by the CavOILCade Board of Directors and DO accept the responsibility of fulfilling my obligations as a Duchess.*

*This is to certify that I \_\_\_\_\_ (Parent or Guardian Signature) have read the rules and contract required by CavOILCade and DO give my permission for my daughter to participate and accept the responsibilities which allow her to be a Duchess in the 2010 CavOILCade Celebration.*

*This is to certify that I \_\_\_\_\_ (Signature) as counselor or principal of \_\_\_\_\_ (High School) will verify that the above student will be classified as a twelfth grade student by the beginning of fall semester 2010.*

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*Date received in office \_\_\_\_\_ Check/Money order #: \_\_\_\_\_ Initials \_\_\_\_\_*

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