

CAVOILCADE PRINCESS NOMINATION FORM

Please print or type the following information:

PRINCESS NAME: _____

ADDRESS: _____ CITY: _____ ST _____ ZIP _____

PHONE: Home _____ Cell _____

PARENTS' NAMES: _____

PHONE: _____

SPONSORING CLUB: _____

SPONSOR CONTACT PERSON: _____

Printed

Signature

SPONSOR'S ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ PHONE: _____

This is to certify that I _____ (Sponsor Representative Signature) have read all the rules and requirements required by the cavOILcade Board of Directors and DO nominate the above high school senior as the _____ (Club or Sponsoring Organization) representative for cavOILcade 2010.

Date Received/CavOILCade Office: _____ Cash _____

Check /MO # _____ Drivers License No. _____

PLEASE SEND THIS FORM WITH YOUR CHECK FOR THE SPONSORSHIP FEES OF \$150 TO:

**CAVOILCADE, INC.
P. O. Box 2336
Port Arthur, TX 77643**

OR CALL EXECUTIVE DIRECTOR PAM TROSCLAIR AT 409-498-1793.