

BABY PAGEANT BIOGRAPHY

CONTESTANT # _____

NAME: _____ AGE _____

DATE OF BIRTH: _____

PARENTS: _____

ADDRESS: _____ PHONE: _____

ANSWER THESE QUESTIONS ABOUT YOUR BABY:

HAIR COLOR: _____ EYE COLOR: _____

FAVORITE FOOD: _____ FAVORITE COLOR: _____

FAVORITE TOY: _____ FAVORITE PAST TIME: _____

FAVORITE TV SHOW (IF APPLICABLE): _____

SPECIAL THINGS HE/SHE DOES: _____

EXTRA ORDINARY MOVES/DANCES: _____

FAVORITE PERSON: _____

HAVE A PET? WHAT IS IT? DOES THE BABY LIKE IT? SPECIAL ACTIONS WITH THE PET? _____

UNUSUAL HABITS: _____

FIRST WORDS OR ACTIONS: _____

YOUR FAVORITE THING YOUR BABY DOES? _____
