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| Contestant<br>#<br><br> |
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# Mother & Daughter Look-A-Like Entry Form

**Mother's Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

Tell us something about yourself: \_\_\_\_\_

\_\_\_\_\_

**Daughter's Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

Tell us something about yourself: \_\_\_\_\_

\_\_\_\_\_

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| For Judges Use Only                          |
| Score 1-10                                   |
| Judge #1 _____ Judge #2 _____ Judge #3 _____ |