

**APPLICATION FOR HOLY CROSS COURT
HOLY CROSS SOCIETY**

Name _____ Age _____

Address _____

City _____, State _____ Zip _____

Phone # _____

Parents Names _____

Name of School Attending _____ Grade _____

APPLICATIONS FOR QUEEN MUST BE RECEIVED BY THE COMMITTEE NO LATER THAN JULY 1ST OF EACH YEAR.

PLEASE SUBMITT APPLICATIONS TO:
Holy Cross Queen Committee
4171 Broadway
Allentown, PA

APPPLICATIONS WILL BE REVIEWED BY COMMITTEE AND RESULTS WILL BE MADE KNOWN BY AUGUST 15TH OF EACH YEAR.

THE UNDERSIGNED AGREE TO THE GUIDELINES AND REQUIREMENTS SET FORTH BY THE COMMITTEE.

APPLICANT

Date

APPLICANTS PARENT

Date

APPLICANTS PARENT

Date