

**Move It and Groove It Aroostook Application 2011**

Application Deadline: September 26th

Contestant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parents' Names: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(If contestant is under 18 years old)

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

Song Performing To: \_\_\_\_\_

Dance Style: \_\_\_\_\_

Please provide a brief biography for use by the Master of Ceremonies on performance night:

---

---

---

Family Information: (Include all applicable: Parent's names, sibling's names and ages, children's names and ages, special pets.

---

---

---

Why did you decide to compete in "Move It and Groove It Aroostook"?

---

---

---

If we have the opportunity to mention something about you on stage, what would you like people to know?

---

---

---

Please mail completed applications to:  
Kim Parent, Cary Medical Center, 163 Van Buren Road, Caribou, ME, 04736