



County: \_\_\_\_\_

***West Virginia State Folk Festival  
June 18-20, 2010  
Belle Registration and Biography Form***

*Please complete this form and give it to your sponsoring agency/group so that they may send it to us with the fee of \$125.00. Make checks payable to the West Virginia State Folk Festival.*

***Mail to:***  
*West Virginia State Folk Festival  
Belle Committee  
PO Box 362  
Glennville, WV 26351*

**Belle's Name:** \_\_\_\_\_

**Name as you want it to appear in the program:** \_\_\_\_\_

**Name as you want it to appear on your name tag:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **E-mail:** \_\_\_\_\_

***Emergency Contact (someone not at the Festival)***

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Emergency Phone Number:** (\_\_\_\_) \_\_\_\_\_

**Medical Information**

Please let us know of any medical conditions, medications, or allergies that would help us make your stay more enjoyable and help us if an emergency should arise. **Let us know if it would be a hardship to walk the three block parade route.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sponsoring Club/Group:** \_\_\_\_\_

**Husband's Name:** \_\_\_\_\_ **Living:** \_\_\_\_\_ **Deceased:** \_\_\_\_\_

**Number of Children:** \_\_\_\_\_ **Grandchildren:** \_\_\_\_\_ **Great-grandchildren:** \_\_\_\_\_

**Schools attended, other education or special training:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Work Experience:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Organizations, clubs, etc.:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Hobbies, talents, or special skills:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Important contributions, interesting or extraordinary biographical information:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What advice do you have for young women today?**

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**What would you like others to know about your county? (local festivals, points of interest, historic or cultural attractions, etc.)**

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**Other information you would like us to know:**

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