## West Virginia Italian Heritage Festival

340 West Main Street P.O. Box 1632 Clarksburg, WV 26301 304.622.7314 304.622.5727 wvihf@wvihf.com www.wvihf.com



## **QUEEN'S COURT QUESTIONNAIRE**

Please print or type questionnaire and BE SPECIFIC ABOUT DETAILS. Please specify if any listed family members are deceased. Information will be used for press releases. Attach a separate sheet, if needed.

Name:		
Address:		
Home Phone:	Cell Phone:	Text: Y/N
<u>Email</u> :	Birthdate:	Age:
School:		
Mother:	Father:	
Address:	Address:	
Phone:	Phone:	
Maternal Grandmother:	Grandfather	
Italian city/province:	Italian city/province	e
Paternal Grandmother:	Grandfather	
Italy Region/City:	Italy Region/City:	
Local Newspaper:		
	form (150-200 words) and attach it to used for the 2017 Souvenir Book.  e to time constraints, for announcements during	-
THE FESTIVAL RESERVES THE R	IGHT TO EDIT ALL BIOGRAPHIES SUI	BMITTED.
ALL INFORM	IATION MUST BE RECEIVED BY MARCH	H 24, 2017
Please check:		
Senior Court	□ Junior Court	□ Minor Court