



Rivahfest Idol
Finalist Information

Contestant's Name: _____

Parents or Guardians' Names: _____

Age: _____ School Grade for the 08/09 School Year: _____

What town do you live in? _____

What school do you attend? _____

Any musical achievements, awards, recognitions:

Hobbies, Sports, Interests:

Favorite Singer/Performer: _____

Favorite Song: _____

Anything else interesting we should know about you:

Please return no later than *Monday, June 15, 2009* to:
Riverside Tappahannock Hospital
Attn: Angela Jones
618 Hospital Rd.
Tappahannock, VA 22560