

New Jersey Stars Mentoring Program -- Official Application

Stars Full Name _____

Address:

_____ Email _____

City: _____ State: _____ Zip: _____

Home Phone _____ Age: _____ Date of Birth _____

Parents: Mother's Name: _____

Father's Name: _____

Step Mother: _____

Step Father: _____

I am representing (Contestants Name) _____

Contestant's Title:

_____ Email _____

T shirt size _____

Participation Fee \$ 200.

Paid _____

Photo enclosed _____

Signed:

Parent or Guardian: _____ Date _____

For information: Sally Johnston 908-889-4231 stcnj@aol.com

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Scotch Plains, NJ 07076