

Bucks County, Pennsylvania  
**SOAP BOX DERBY**  
25 N. Main Street  
Fallsington, PA 10954  
E-mail:superkids classic@aol.com  
[www.buckscountysoapboxderby.org](http://www.buckscountysoapboxderby.org)

**1st ANNUAL BUCKS COUNTY  
SUPER KIDS CLASSIC**



**PARTICIPANT QUESTIONNAIRE**

(Please respond by September 14, 2007)

Child's Name: \_\_\_\_\_

Parent's / Guardian's Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Child's Height: \_\_\_\_\_

Child's Weight: \_\_\_\_\_

Child's Tee Shirt Size: \_\_\_\_\_

Child's Age & Date of Birth: \_\_\_\_\_

Child's School: \_\_\_\_\_

Child's Grade In school: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Favorite T.V. Show: \_\_\_\_\_

Favorite Movie: \_\_\_\_\_

Favorite Food: \_\_\_\_\_

Your Idol: \_\_\_\_\_

Pet Peeve: \_\_\_\_\_

Please describe the child's disability. Does he / she have any physical limitations we should know about? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preference on Time of Attendance 8:00 AM or 1:00PM - This does not guarantee a time slot but will help us accommodate as many as possible: \_\_\_\_\_