

2 BALLOON 0 COUTURE 0 FASHIONS 9

Questionnaire

Please return questionnaire as soon as possible to
fashionshow@ballooncamp.com
or fax to 702-433-2840
No later than June 5th, 2009!

Name of Designer(s): _____

Contact Information: Email: _____ Phone: _____

I wish to participate as a: Competitor Showcase Designer First Time Designer

Estimated Measurement of Design (Length, Width, Height) L _____ W _____ H _____

Color Use: _____

Short Description: _____

Name of the Design: _____

I want to use one of the models provided by the organization. YES NO

I wish to use a model of my own & his/her name is: _____

If still available I want to use a mannequin. YES NO

To assure proper work space please tell us the estimated start date and time for your creation.

Start Date: _____ Start Time: _____

I don't want to use the make-up artist provided, I will provide my own. YES NO

I am registered for: Diamond Jam Summer Balloon Camp Both

Any other questions or comments: _____

For Official Use