Very Important Person

Name_____
First Middle Last

Address_____
Number Street City Province Postal Code

Phone_____ **Birth Date**_____ **Age**_____

Male/Female____ **Eye Colour**_____ **Hair Colour**_____ **Health**_____

School Now Attending_____

School Address_____
Number Street City Province Postal Code

List Your Personal (Favourite) Preferences:

1. Food _____ 6. Place To Eat_____

2. TV Show_____ 7. Movie_____

3. Holiday_____ 8. Sport_____

4. Colour_____ 9. Animal_____

5. Thing To Do_____ 10. Place To Be_____

Write Three Or More Things You Want People To Know About You:

_____

_____

_____

I HEREBY CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT

_____ _____
Signature of Student Date

FOR TEACHER USE ONLY

This application was processed and the above applicant selected to receive a VIP certificate the

_____day of _____20_____