



# Icelandic Princess Application

## Icelandic Club of Greater Seattle

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Icelandic Connection (Parents/Grandparents names): \_\_\_\_\_

Members of the Icelandic Club? Yes \_\_\_ No \_\_\_

School attending: \_\_\_\_\_

Are you willing to attend the required events? Yes \_\_\_

Are your parents willing to support your attendance at the functions? Yes \_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or legal guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any questions?

Please call Thorunn Sellars at (425) 745-0456.

Please send your completed application to:

**Icelandic Club of Greater Seattle**  
**c/o Thorunn Sellars**  
**P.O. Box 70102**  
**Seattle, WA 98127**

Icelandic Club of Greater Seattle  
P.O. Box 70102  
Seattle, WA 98127

[www.icelandseattle.com](http://www.icelandseattle.com)