



**Junior League of Gainesville-Hall County**  
Charity Ball Belle Application Form

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Extra-curricular Activities and Community Involvement: \_\_\_\_\_

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Why you would like to be a Charity Ball Belle: \_\_\_\_\_

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Parent(s) Contact Information: \_\_\_\_\_

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Parent(s) Civic Organization Involvement: \_\_\_\_\_

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