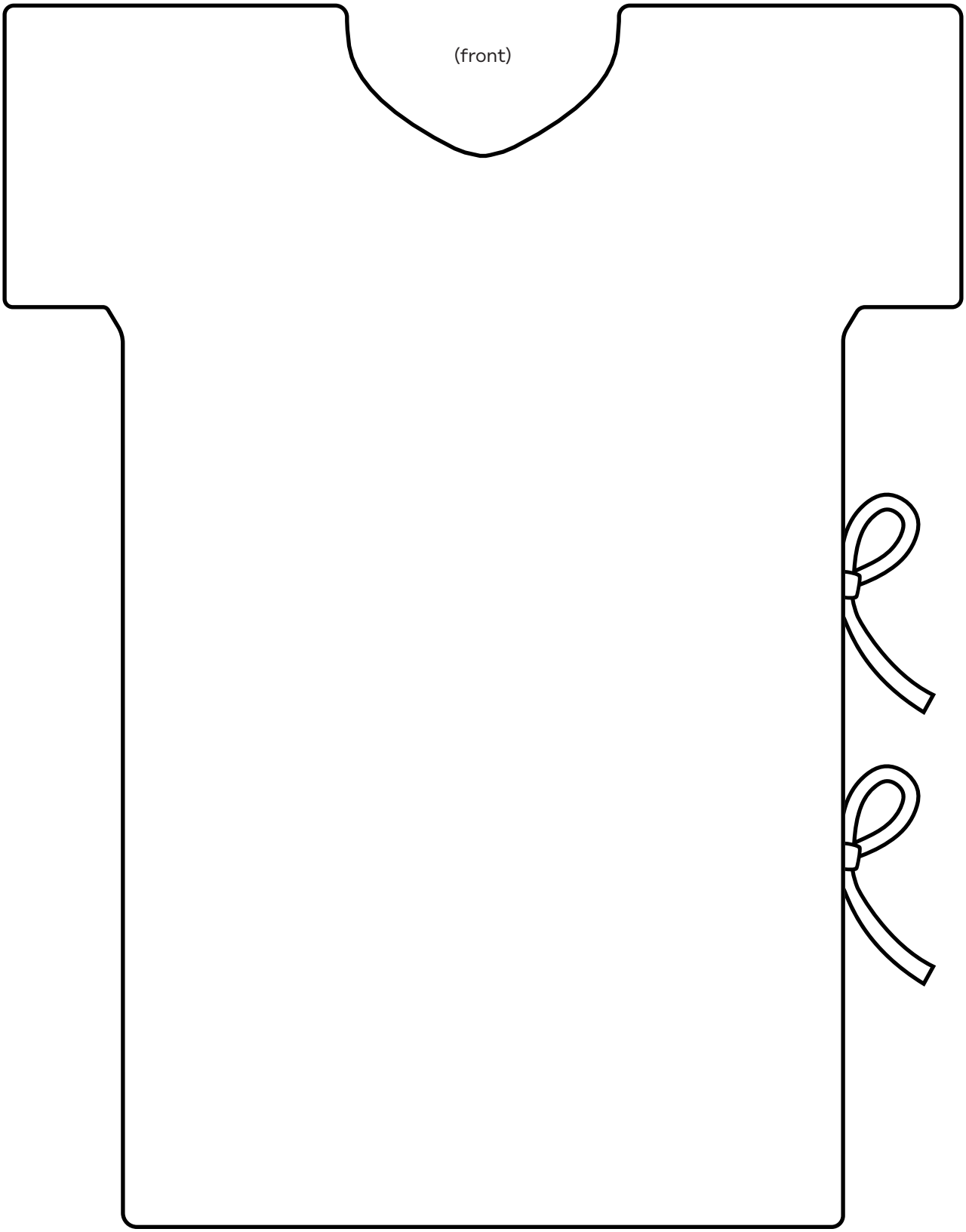
#MyStarlightGown



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Go online to starlight.org for instructions on how to submit your design. Terms and conditions apply.

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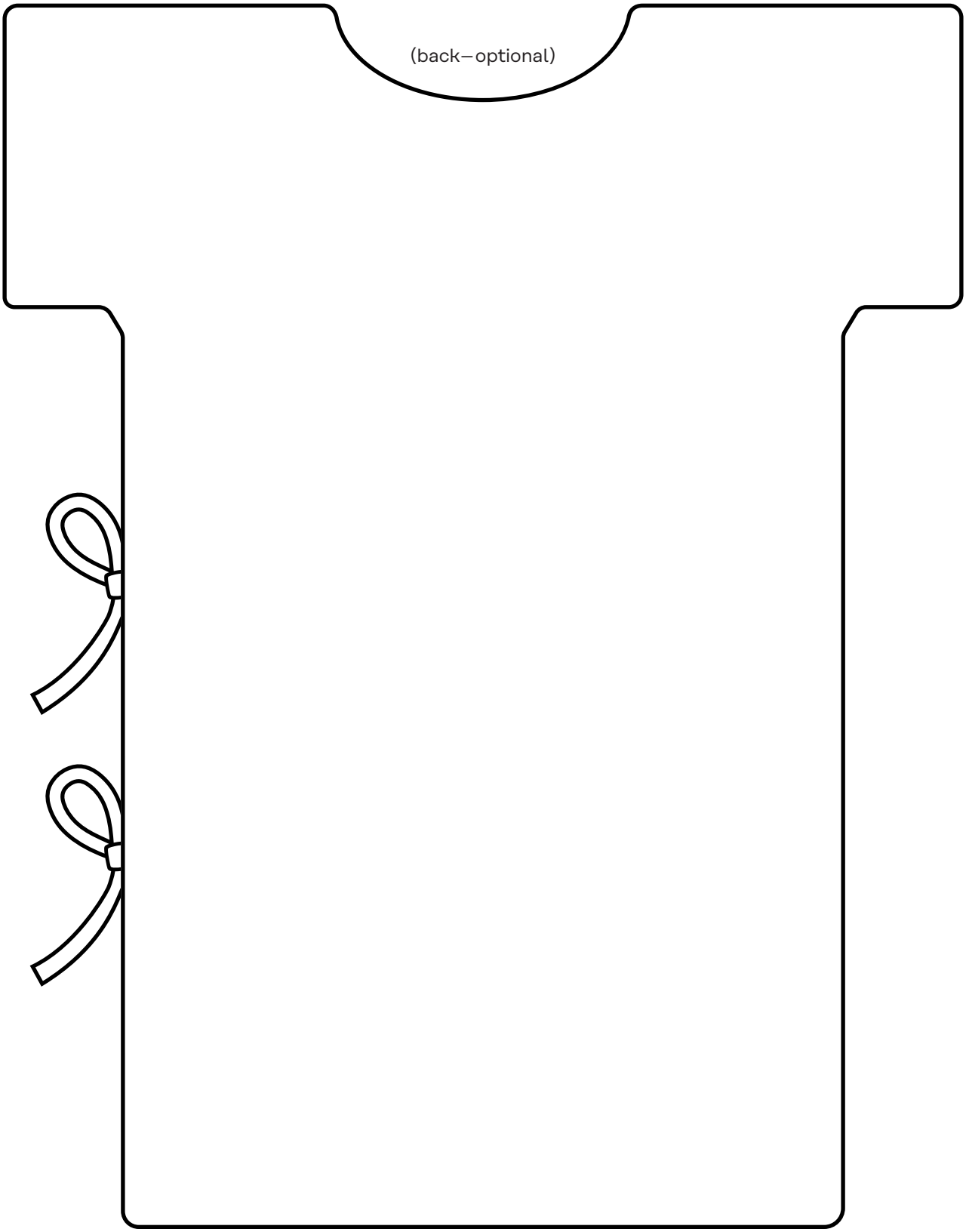

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Tell us about your super awesome gown design:

Name: _____ Age: _____ Email: _____

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Parent/Guardian Signature: _____ Relationship to Patient: _____ Date: _____