



Queen Pageant Audition Registration Form

1. Name				
Last Name/Surname	First Name	Middle Name (s)		
2. Date of Birth (dd/mm/yyyy)				
3. a) Permanent Address			4. a) Mailing address (if different from 3a)	
City/Town			City/Town	
District			District	
Street	P.O. Box #	Country	Street	P.O. Box #
5. Country of Birth			6. Country of Citizenship	
7. Occupation				
8. Place of Employment			9. Work Phone	
10. Home Phone			11. Work Phone Ext	
12. Cell Phone			13. Email Address(s)	
14. Fax Number				
15. Height (ft.)		16. Weight (lbs)		17. Bust (inch)
18. Waist (inch.)			19. Hips (inch.)	
20. (a) Are you a reigning queen of any pageant			b) If yes, please list the Pageants in Section B	
Yes No				
21. Hobbies				
22. Emergency Contact Information:				
Title	Full Name (First, Last Name, Middle Initial)	Relationship to Applicant	Contact # (Work/Mobile)	Contact # (Home)
Title	Full Name (First, Last Name, Middle Initial)	Relationship to Applicant	Contact # (Work/Mobile)	Contact # (Home)
Signature of Applicant:			Date (dd/mm/yy):	