

Purple

2019

Pageant



PAGEANT REGISTRATION APPLICATION

Name: _____ Date of Birth: _____ Age: _____

Contestant Division (Miss, Teen etc.): _____

Home Address: _____ Apt. No.: _____

City: _____ Zip Code: _____ Phone Number: _____

Email: _____

Social Media Accounts:

School: _____ Grade: _____

Favorite Subject: _____

School Awards and Achievements:

Person You Admire the Most: _____

Because:



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Extracurricular Activities - Sports, etc.:

Hobbies:

How many community service hours did you donate in 2018?

What Non-profits did/have/do you volunteer with?

Do you know about Relay for Life? Yes No

What does commitment mean to you?



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Have you run in a pageant before?

Yes

No

What titles have you held?

List 3 Personal References:

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

What is Your Platform and Why (type of cancer you wish to bring awareness about):



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