

Miss Gambia International Beauty Pageant



APPLICATION FORM

Name:
 (Surname) (First Name) (Others)

Alias (a.k.) Date of Birth:

Country of Birth: Nationality:

Height: Weight: Dress Size: Shoe Size:

Mailing Address:

City: Region No:

Place of Employment:

Position at Work:

Telephone No(s): Home: Work: Cell:

Emergency Contact person:

Hobbies:

Special Skill/Training:

EDUCATION

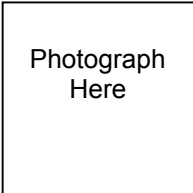
	Name of Institution	Certificate Awarded
Primary		
Secondary		
University		
Other		

Give reason(s) why you would like to be a contestant in this Pageant:

Have you Taken part in a Beauty Pageant before: If yes, In What position did you placed:

The statements made by me in filling this form are true, complete and correct.

Signature: Date:



Closing Date: Date Application Received: