

CONTESTANT'S ENTRY FORM

(APPLICANTS SHOULD FILL THIS FORM CAREFULLY)

CONTACT INFORMATION

SURNAME: FIRST NAME:

PHONE NUMBERS: FAX:

MOBILE NUMBERS:

EMAIL ADDRESS:

CONTACT ADDRESS:

PERSONAL INFORMATION

DATE OF BIRTH AGE STATE OF ORIGIN

Mother's Name Tel Num

Father's Name Tel Num

Do you smoke? Yes No Blood Type

Do you've allergy Yes No

If Yes, what are you allergic to?

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NAME(S) AND MOBILE NUMBER(S) OF THE PERSON(S) TO CONTACT IN CASE OF EMERGENCY

Name Tel

Name Tel

Name Tel

Name Tel

PASSPORT NUMBER: DATE OF ISSUE

ISSUING PASSPORT AUTHORITY EXPIRY DATE

OTHER INFORMATION

OCCUPATION FOR HOW LONG?

EDUCATIONAL QUALIFICATION

SPECIAL TALENTS

FAVOURITE SPORT

FAVOURITE MUSIC

COUNTRIES VISITED

COUNTRIES YOU WOULD LIKE TO VISIT

AMBITIONS IN LIFE

CONTESTANT'S ENTRY FORM

MEASUREMENT

HEIGHT	<input type="text"/>	BUST	<input type="text"/>	WAIST	<input type="text"/>	WEIGHT	<input type="text"/>
HIPS	<input type="text"/>	EYES COLOUR	<input type="text"/>	HAIR COLOUR	<input type="text"/>		

I have carefully read the above, and have answered the questions to the best of my knowledge

Date

Sign

ATTACH PASSPORT
HERE