

2018 Miss Pre-Teen International™

Official Application (International Pageants, Inc.)

Name: Age: Zip:	I hereby apply as a	n entrant for the title	of Miss Pre-Teen _	 City/Region	International™
Address: County: State: Date of Birth: Email: Telephone: () Height: Weight: Hair Color: Eye Color: Dress Size: Year/Grade in School: Year/Grade in School: Year/Grade in School: Year/Grade in School:	Name:				
City: County: State: Telephone: ()					
Date of Birth: Email: Telephone: ()					
Height: Weight: Hair Color: Eye Color: Dress Size: School: Year/Grade in School: Favorite Subject(s): Other Education: Hobbies: Clubs and Groups you belong to in school: Three words that describe you: Honors and Awards: Career Goals: If you are selected as Miss Pre-Teen International what community ser organization will you volunteer your time with and why? Mother's Name: Occupation: Address: Work Phone: () Father's Name: Occupation: Address: Work Phone: () I am the parent or legal guardian of page two of this application. By signing this application. I hereby state all information contained in this application is true and that all eligibility requirements are met. Any misrepresentation of the truth will c immediate disqualification from the competition. Any fees paid are non-refundable. Information must be contained on this official two page form. No additional pages accepted.					
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