



Beauties of the Nation Pageant™

Application for Beauties of the Nation Pageant

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a photo but please do not staple. Thank you!

State/City Applying for:	Name (Last, First, Middle):		TITLE: (FOR STAFF ONLY)
Street Address:		City, State & Zip:	
Email Address:	Home Phone:	Work Phone:	Other Phone:
Do you currently hold a title?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is it and when is your reign over?	
Have you ever been or are you currently married?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have children/	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Would you be willing to participate in the National Pageant in California if chosen?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a Facebook Page?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what is your name shown as?	
Do you have anything you would like to discuss with the National Director?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list questions or concerns.	

Applicant Signature: _____ Date: _____

If under 18 years of age, please have a parent or guardian sign this form.

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