



MISS VARNVILLE APPLICATION

Year _____

Contestant's Name: _____

Age: _____ Parents: _____

Hair Color: _____ Eye Color: _____ Height: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Current School: _____

Classification (as of today's date): _____

Major: _____ Minor: _____

School Organizations/Clubs: _____

Community / Volunteer Service Organizations: _____

Church Affiliation/Attending: _____

Talents/Hobbies: _____

Life's Ambition: _____

*** In case of emergency, and we need to contact a family member, please provide us with a contact name and phone number of an emergency family contact. ***

Name: _____ Phone: _____

Parent's Signature: _____

PLEASE ATTACH A PHOTO

(Only applicable if contestant is under 18 years old)
