

# Miss Globe® Entry Form

## OFFICIAL ENTRY FORM

### **(A) PERSONAL**

COUNTRY or CITY REPRESENTED:

NAME:

*(FAMILY NAME)*

*(FIRST NAME)*

I PREFER TO BE CALLED:

ADDRESS:

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We need **CONTESTANT'S E-MAIL** (not National Director):

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AGE:

DATE OF BIRTH:

PLACE OF BIRTH:

PRESENT CITIZENSHIP:

PASSPORT NO:

LANGUAGE/S SPOKEN:

LANGUAGE/S WRITTEN:

(Do note that all candidates need to know some simple English)

NAME & ADDRESS OF WORK OR COLLEGE:

IF WORKING, PLEASE STATE EMPLOYER'S NAME & ADDRESS:

### **(B) MEASUREMENTS (Please do not give us Bust: 33D or Weight: 10 stones)**

**VITAL STATISTICS (Measurements to be in metric system e.g. 5'8" is about 1.73m)**

COLOR OF HAIR:

COLOR OF EYES:

HEIGHT:

WEIGHT:

BUST: WAIST: HIPS: SHOE SIZE: EUR/ US

DRESS SIZE: SWIMSUIT SIZE:

ACADEMIC QUALIFICATION:

HOBBIES:

SPECIAL TALENT:

AMBITION:

### **(C) FAMILY PARTICULARS**

FATHER'S NAME:

OCCUPATION:

MOTHER'S NAME:

OCCUPATION:

NUMBER OF BROTHER/S:

NUMBER OF SISTER/S:

**(D) IN CASE OF EMERGENCY**

NAME:

RELATIONSHIP:

ADDRESS:

TELEPHONE #:

ANY ALLERGIES:

*(AREA CODE & NUMBER)*

HAVE YOU BEEN SERIOUSLY ILL?

IF SO, PLEASE STATE ILLNESS:

Please attach photos of the contestant.

