

# REGISTRATION



## REGISTRATION FORM | MISS ITALIA USA 2009

PLEASE PRINT CLEARLY

Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

E-Mail \_\_\_\_\_

Birthday (mm/dd/yyyy) \_\_\_/\_\_\_/\_\_\_ Place of Birth \_\_\_\_\_

Height \_\_\_\_\_ Size(s/m/l) \_\_\_\_\_ Shoe Size \_\_\_\_\_

Hair Color \_\_\_\_\_ Eyes Color \_\_\_\_\_

Education \_\_\_\_\_

Occupation \_\_\_\_\_

Languages \_\_\_\_\_

Hobbies \_\_\_\_\_

Name of Father \_\_\_\_\_

Name of Mother \_\_\_\_\_

Emergency Contact \_\_\_\_\_

I hereby declare that I read the rules and regulations of Miss Italia USA and that the above information it is true.

Date:

Participant Signature

Parent/Guardian Signature  
IF UNDER 18 YEARS OLD

\_\_\_\_\_

\_\_\_\_\_

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