

OFFICIAL ENTRY FORM
2006 MISS BELIZE CALIFORNIA SCHOLARSHIP PAGEANT

FULL NAME: _____

DATE OF BIRTH: ____/____/____ AGE: _____

E-MAIL ADDRESS: _____

RESIDENCE ADDRESS: _____

CITY: _____ ZIP CODE: _____ COUNTY: _____

PHONE: HOME (____) _____ SCHOOL (____) _____

CELL PHONE (____) _____

PARENT'S NAME: _____

COLLEGE ADDRESS, IF APPLICABLE:

CITY: _____ ZIP CODE: _____ COUNTY: _____

EDUCATION: ***HIGH SCHOOL NAME: _____

COUNTY: _____ GRADUATION DATE: _____

***COLLEGE: CURRENT CLASS: _____

EMPLOYER, IF APPLICABLE: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____ COUNTY: _____

BUSINESS PHONE: (____) _____

Contestant's signature

Date

Parent's signature

Date