

Entry Application

Miss 2009 Bay Area / SoF Cities Pageant

March 8th, 2009

Official Preliminary Pageant for the Miss 2009 California Pageants

Name: _____ Age: _____
(8-10 PreTeen Division/11-15 Jr. Teen Division /16-18 Teen Division /18-29 Miss Division / 30 and UP or if married for Ms. Division)

Address: _____ Apt# _____

City: _____ States _____ Zip _____ E-Mail _____

Date of Birth _____ Telephone _____ Cell _____

MySpace address: _____

School _____

Occupation _____

Hobbies _____

Talents, if any _____

Clubs/Groups You belong To: _____

Honors and Awards _____

Career Goal _____

Mother's Name _____ Father's Name _____

How did you hear about the pageant?: _____

Which Division would YOU like to compete in (circle one) PRE TEEN JR. TEEN TEEN MISS MS.

Refer 3 friends that might want to compete in the pageant with you: (Name, Address and e-mail address)

1) _____

2) _____

3) _____

Three words that BEST describe you _____

Entrant's Signature _____ Parent's Signature _____

PLEASE COMPLETE AND SIGN THIS APPLICATION. INCLUDE A PHOTO AND RETURN NO LATER THAN 2 weeks from postmark of this letter to be sure you get one of the few spots open to compete or no later than:

APPLICATION MUST BE TURNED IN NO LATER THAN JANUARY 5TH.

**Center Stage Productions
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NEW ADDRESS**