

Digicel *Haynes Smith*
Miss Caribbean Talented Teen Pageant

Franchise Holder: HAYNES SMITH YOUTH CLUB
P.O. Box 647*Basseterre*St. Kitts

Celebrating Talent, Education and Culture

OFFICIAL APPLICATION FORM

Contestant's Name: Tel.#

Island/Country: Email:.....

Date of Birth: Age:

Measurements: Height Weight

Name of School:

Life Ambition:

For pastime what do you enjoy doing most?

.....

Do you hold any special title at present? If yes, give name

.....

Performing Talent:

Chaperone's Name:

Address:

Occupation:

Tel No:

Email:.....

Contestant's Additional Info.

Passport No: _____

Date Issued: _____

Date Expired: _____

Chaperone's Additional Info.

Passport No: _____

Date Issued: _____

Date Expired: _____

Date of Birth: _____

I CONFIRM THAT EVERYTHING ON THIS FORM IS CORRECT.

Signature:/...../.....

Contestant

Franchise Holder

Chaperone

Date:.....

30TH ANNUAL

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