



Miss Oneness Beauty Pageant



Oficinas del Doctor Haroldo Bacon, Apt. Postal 36, Bluefields, Nicaragua, RAAS.
Telephone: 301-785-7174 Email: info@missoneness.com

Contestant Application

Please type or print clearly:

Complete and email in with a head and full swimsuit shot professional photographs to: info@missoneness.com
For more information please write us to: info@missoneness.com or visit us on the web at www.missoneness.com

Name

Mother's Name

Father's Name

Date of Birth {Day/Month/Year}

Place of Birth

Age

Height {cm}

Weight {kg}

Bust {cm}

Waist {cm}

Hips {cm}

Ethnicity

Clothing Size

Shoe Size

Eye Color

Hair Color

Street Mailing Address

City

Region

Contact Telephone – Home/Cell

Email Address

Employment {Name of Company}/School Attending

Position

Address of Employer/School

Previous Education

Ambition/Career Choice

Member of Any Talent Group {Name}

Special Talent to be performed

Hobbies/Areas of Interest

Favorite Color

Favorite Food

Favorite Site/Place Number of Siblings {Brothers & Sisters}

Languages Spoken Fluently Languages Spoken A Little

List 3 Things You Dislike

Countries visited

Previous experience in Modeling/Pageantry

Why do you want to participate in the Miss Oneness Beauty Pageant?

If you are chosen Queen how best would you represent Nicaragua?

Please read the following:

I hereby attest to the validity and accuracy of the information that I have provided. I hereby understand and agree that any false/misleading information provided by me in this application form or omission of pertinent details is a ground for my disqualification or dethronement before, during and after the contest.

If accepted by the Pageant Company, I also agree to make any personal appearances, television/radio interviews and photo assignments to promote the pageant during the year. I agree to abide by the rules and regulations governing the pageant at all times. In signing this application, I hereby agree to accept the judges' decision as final and waive any rights to challenge their decision.

Furthermore, if chosen as Miss Oneness Beauty, I hereby agree to participate in ONLY the events selected by the Executive Director. I agree to participate in only the pageants sanctioned by the Pageant Committee if selected as the winner of this competition.

MODEL RELEASE:

I hereby consent to the use of my name and/or pictures and/or recording of my voice, or any reproductions of the same in any form, by the Miss Oneness Beauty Pageant Organization for the purpose of advertising or trade. I agree that such photographs, videos, plates and /or negatives connected therewith shall remain the property of Oneness Entertainment.

Signature of Contestant Date

Signature of Parent/Guardian Name of Parent {BLOCK LETTERS} Relation to Applicant

Application rec'd by Pageant Associate {NAME IN BLOCK LETTERS} Signature

SCREENING REMARKS {Maximum 10 points in each category}	NOTES
Poise & Charm - _____	_____
Confidence - _____	_____
Fluency in Language - _____	_____
Overall Impression - _____	_____
GRAND TOTAL - _____	_____