



Miss Supernatural Beauty Pageant 2020
Application Package

Name: _____ Date of Birth _____

Address _____ Apt No. _____ City _____ State _____ Zip _____

E-Mail _____ Facebook _____

Phones: Home _____ Mobile _____

Personal: Height _____ Weight _____

(If under 18) Mother's Name _____ Best Contact phone _____

(If under 18) Father's Name _____ Best Contact phone _____

Education: __ Current __ Graduated __ Institution _____

Name of School: _____ Year _____

Career/Future Goals

Community or Volunteer Work (please describe)

Clubs and/or Associations (current or past)

How did you learn about us?

__ Internet/Web Site __ email/letter invitation __ contestant recommendation __ Facebook __ friend

__ Prior contestant – If so, what's their Name: _____

Other: _____



PLEASE CHOOSE THE DIVISION OF COMPETITION:

- Little Miss (Ages 5 to 8)
- Junior Miss Teen (Ages 9 to 12)
- Miss Teen (Ages 13 to 17)
- MISS (Ages 18 – 26)
- MS. (Ages 18 – 26)

ALL POTENTIAL CONTESTANTS must be eligible for division of choice on or before Pageant Day.

A PHOTO COPY OF YOUR BIRTH CERTIFICATE OR A COPY OF YOUR CERTIFICATE OF NATURALIZATION, AND A STUDENT ID, DRIVER'S LICENSE OR FLORIDA ID IS REQUIRED.

By the signature below, the contestant and/or parent/guardian do certify that to the best of their knowledge all information contained in this application is true and accurate and that they have read and understand the rules and regulations of the Miss Supernatural Beauty Pageant and agree to accept and abide by them.

Delegate:

Print Name: _____ Signature: _____ Date : _____

Parent/Guardian (if under 18):

Print Name: _____ Signature: _____ Date: _____

(Both signatures required if applicant under 18 years of age)

MAIL TO or DROP OFF AT:
MISS SUPERNATURAL BEAUTY PAGEANT
3600 S. State Road 7, #328, Miramar, FL 33023

CONTACT US AT:
Phone: (954) 391-6080
E-mail: misssupernatural2017@gmail.com

Make Checks Payable to Miss Supernatural or complete credit card info below:

Name on Card: _____ CVV: _____

Billing Address: _____ City: _____ State: _____ Zip _____

Visa ___ M/C ___ AMEX _____ Number _____ Expiration: _____

AMOUNT TO BE CHARGED: \$ _____