

Miss BVI Pageant Committee

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Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Home Phone: (284) _____ Alternate Phone: (284) _____

E-mail Address: _____

Birth Place: _____ Birth Date: _____ Age: _____

Weight: _____ Height: _____ Hair Colour: _____ Eye Colour: _____

Skin Tone: _____ Bust Size: _____ Waist Size: _____ Hip Size: _____

Shoe Size: _____ Dress Size: _____ Favourite Colour: _____

Employment Information

Place of Employment: _____ Primary Phone: (284) _____

Supervisor's Name: _____ Extension: _____

Supervisor's Email: _____

Educational Information

College: _____

Major: _____ Year Graduated: _____ GPA: _____

High School: _____ Year Graduated: _____

Department of Education & Culture
Government of the Virgin Islands
#33 Admin Drive, Wickham's Cay 1
Road Town, Tortola
VG1110, Virgin Islands (UK)

Phone: 284-468-9824 or 541-8190
Fax: 284-468-2245

E-mail: info@missbvi.com
Website: www.missbvi.com



Miss BVI Pageant Committee

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit*

City *State* *ZIP Code*

Primary Phone: (284) _____ Alternate Phone: (284) _____

Relationship: _____

About Me:

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List any experience you have had in any beauty or similar pageants:

Hobbies or Special Interest:

Person Most Admired & Why:

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