GOODLET THEATER | PERFORMING ARTS CENTER
CITY OF HIALEAH • DEPARTMENT OF PARKS & RECREATION

# City of Hialeah Youth Beauty Pageant
# Enrollment information

CONTESTANT NAME (NOMBRE DE LA CONCURSANTE):

_____

AGE (EDAD): _____ DATE OF BIRTH (FECHA DE NACIMIENTO): _____

ADDRESS (DIRECCION): _____

CITY (CIUDAD): HIALEAH STATE (ESTADO): FL ZIP-CODE: _____

SCHOOL (ESCUELA): _____ GRADE (NIVEL): _____

MOTHER'S NAME (NOMBRE DE LA MADRE): _____

PHONE #: _____ E-MAIL: _____

FATHER'S NAME (NOMBRE DEL PADRE): _____

PHONE #: _____ E-MAIL:_____

FAVORITE ACTIVITY TO DO IN HIALEAH: _____

_____

WHAT DO YOU WANT US TO TELL THE BEAUTY PAGEANT CROWD ABOUT YOURSELF:

_____

_____

HOBBIES/ VOLUNTEERING: _____

_____

_____