Miss Sandyston Pageant 2023 **Application Form**

Cr	All Applicants m	heduled for Sunday, June 3 ust be between 17&21 years pleted Forms By: Wednesd		
Name:				
Address:				
Telephone:				
Parent(s) Name:				
Age:	Height:	Eye Color:	Date of Birth:	
High School: (Pro	esently attending	or graduated from):		
*	**Please answer	the following questions	s where applicable***	
College: (if plann	ning to attend, nam	ne of college & location	ı)	
Presently attendin	ng/graduated from	, name of college & loc	ation)	-
Work Experience	<u>.</u>			

Hobbies and Interests:

Accomplishments & Activities (clubs, awards, community activities):

Any other information you would like to tell us about yourself (you may attach a separate sheet of paper):

> Please call to register and receive further information on date, time, etc. Ali Ricciardi 973-271-2836

You will need to write an essay on what it would mean to you to become "Miss Sandyston 2023"

Applicant's Signature

Nominated by: _____