



Pams Pageants Application Form

Name: _____

Address: _____

Country: _____ Postcode: _____

Telephone: _____ Mobile: _____ E: _____

Date of Birth: _____ Age: _____

Teen only Bust/Chest: _____ Waist: _____ Hips: _____

Dress size: _____ Shoe size: _____

Hair colour: _____ Eyes Colour: _____

Ambitions:

Achievements:

Talent:

Sponsor:

Number of Photographs attached:

N..B. Your pictures must be at least 600x400 pixels(no less than 500kb in size) in jpeg or giff format.

I confirm that I have read the rules and am eligible to enter the competition. I also consent to receive future communications related to the Pams Pageants contest.

Authorised signiture

Parents Name: _____

Date:

All enquiries: info@pamspageants.com

T: + 44 (0)1206 509016

www.pamspageants.com