Miss Polish American Application

NAME
First:_____ Last:_____

Place of Birth:_____

DATE OF BIRTH
Month:_____ Day:_____ Year:_____ Age:_____

ADDRESS:_____ City:_____

State_____ Zip:_____ Apt.#_____

Home Phone: ( ) _____ Work Phone: ( )_____

Cell Phone: ( ) _____ e-mail_____@_____

Height (inches):_____ Weight (pounds):_____ Dress Size(US):_____

FAVORITES
Music:_____ Song: _____ Sport:_____

Food:_____ Movie:_____ Place:_____

Describe yourself in 3 words: _____, _____, _____

Short story about yourself and why you want to be the next Miss Polonii?
(may use additional paper)

_____
_____
_____
_____
_____
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_____

Attach your 2 photos (Face & Body) and send your application to:
**Please DO NOT send prints! Original photos only. Photos will not be returned.*
Miss Polish American
103 Heather Ct.
Rolling Meadows, Il 60008