Miss New York Diva Pageant Application

Circle your age group:

 Mini Miss Little Miss Jr Pre-Teen Pre-Teen

Contestant’s Name: g

 (first name) (last name)

Address: g

City: State: Zip Code: h

Phone #: ( ) - Age as of Jan. 1st in the year of competition: h

Shirt Size: Parent/Guardian’s Signature: g

\*Please send in a photo of the contestant (must be a wallet-sized photo)

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Miss New York Diva Pageant Optional Contests

Contestant Name: G

Age Category : G

\Optional ($10 ea.) Check all in which you plan to participate:

 Talent (no longer than 2 mins.)

 Photogenic (Head shot and upper body only as well as no makeup or touch ups) Academic Achievement Community Involvement

 Art Contest Actress Speech

Mini Optional ($10 ea.):

 Best Hair Best Eyes Best Smile Best Evening Dress Best Interview Best Interview Outfit Best Speech

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