



APPLICATION

Please complete ALL of the information below to apply for this year's pageant.

First Name: _____ Last Name: _____
Street Address: _____
City: _____ State: _____ ZIP Code: _____
Date of Birth: _____ Age: _____
Phone Number: _____ Cell Phone: _____
Business Phone: _____ Email: _____
Height: _____ Dress Size: _____

2 topics you would like to discuss during your on stage question:

1. Topic for Preliminary Competition: _____

2. Topic for Final Competition (top 15 only): _____

AGE DIVISIONS:

- Ages 8-12 years : Preteen
- Ages 13-15 years : Junior Teen
- Ages 16-19 years : Teen
- Ages 20-29 years : Miss (Married, Single, Divorced w/children OK)
- Ages 30 years and beyond : Woman

Parent's Name(s): _____
Street Address: _____
City: _____ State: _____ ZIP Code: _____

PAGEANT CONTACT INFORMATION:

World's Perfect Pageant Headquarters

2001 Tyler Street, Suite 6

Hollywood, FL 33020

Phone: (407) 761-1145

Email: director@americasperfectteen.com

International Director: Michael Galanes

I hereby apply as an entrant in the state/country of: _____

World's Perfect Pageant/Model Search

Applicant's Name: _____

Parent or Guardian's Name (if applicant is under 21): _____