

MISS UNIVERSE BAHAMAS 2017

Contestant Application

Are You The Next Miss Universe?

The Miss Universe Bahamas Organization's mission is to empower young ladies to own their personal value and invest it into creating a better world...this we deem to be *'Living Beautifully'*

This contest is open to all female citizens of The Bahamas who are at least 18 years old and under 28 years of age before January 1, 2017.

TO APPLY: ***Deadline June 15th, 2017***

**There is a \$350.00 BSD Application fee for all Miss Universe Bahamas applicants.
Please make cashier's check payable to: Ivy Lane Ltd.**

Please submit the following to:

**Miss Universe Bahamas Organization
Attn: Michelle Collie
Ivy Lane Ltd.
303 Shirley Street
P.O. Box N-492
Nassau, Bahamas**

1. Contestant Application form
2. One headshot photo
3. One swimsuit photo
4. Copy of valid Passport

Applications are not accepted unless all of the above items are complete.

By signing and submitting this Contestant Application you agree to the terms and conditions set forth by the Miss Universe Bahamas Organization available for review at www.missuniverse-bahamas.com. These terms and conditions are effective upon the acceptance of your application.

Send us your questions or comments at mcollie@albanybahamas.com

General Information

FULL NAME		EMAIL ADDRESS	
AGE		DOB	

PASSPORT NUMBER		DATE OF ISSUE	
CITIZENSHIP		DATE OF EXPIRATION	

PERMANENT HOME ADDRESS	
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HOME PHONE		MOBILE PHONE	
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Family Background

FATHER'S NAME		NATIONALITY	
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MOTHER'S NAME		NATIONALITY	
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BAHAMIAN HERITAGE - From which Island(s) does your family lineage stem?	
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Educational Background

FROM	TO	SCHOOL / COLLEGE	LEVEL ACHIEVED
HONORS/SPECIAL AWARDS			

Employment Background

FROM	TO	NAME OF EMPLOYER	POSITION

CURRENT ENDORSEMENTS/CONTRACTS/AGREEMENTS: Oral and/or Written	
Yes, with...	
Nature of Agreement	

Pageant Experience

NAME OF PAGEANT	TITLE	YEAR

Medical Information

Do you have any medical conditions that we should be aware of?	
Medications?	
Allergies?	
Have you been sick lately or undergone surgery? If yes, please specify.	

More About You

Your most proud accomplishment	
What is your career goal?	
Your favorite local or international charity	
Your Favorite news outlet(s)	
How do you spend your free time?	

What do you want to accomplish by being involved in pageantry?
What is your greatest struggle that you have overcome or are still dealing with?

Tell us about your Top 3 strengths and weaknesses.

SIGNED		DATE	
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ADMIN NOTES:	