

Miss Italia Pageant

Women of Italian Descendants that are 16-20 years old, never married,
of good moral character and reside or attend school in Jefferson County.

Use additional paper, where necessary.

Contestant's Name: _____ Telephone: _____

Address: _____

Father's Name: _____

Mother's Name: _____

Grandparents': _____

Grandparents': _____

Date of Birth: _____ Age: _____ School: _____

Activities: _____

Community Service: _____

Leadership Roles: _____

Accomplishments: _____

Career Goals: _____

What qualifies you to be Miss Italia? _____

How would you promote your title? _____

If selected Miss Italia I will be available to make public appearances during my reign and shall refrain from seeking other titles during my one year term as Miss Italia. I fully understand that the scholarship money will be awarded at the end of my reign.

Contestant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

**The Pageant will be during the Bravo Italiano Festival,
held at the Dulles State Office Building, Washington St. Watertown New York,
on Friday, October 7, 2011 at 7:00 pm.**

Return your application By October 1st, along with a copy of your birth certificate to:

**Mary Beth Renaud
89 Champion St.
Carthage, New York 13619
Phone: (315) 493-6734 Cell: (315) 783-4541 Fax (315) 493-6734**