



Divia America Inc.

**MISS INDIA CONNECTICUT
PAGEANT 2016
Registration Form**

(Please type or print clearly)

-
1. Name: _____
 2. Residency Status: Citizen Permanent Resident Other (specify)
 3. Address: _____
 4. Telephone: Day: _____ Evening: _____
Fax: _____ E-mail: _____
 5. Age: _____ Date of Birth (MM/DD/YY) _____ Birthplace: _____
 6. Height: _____' _____" Weight: (lbs.) _____ Languages spoken: _____
 7. Do you need an interpreter? Yes No
 8. Father's Name: _____ Mother's Name: _____
 9. Guardian's Name: (if different from parents) _____
 10. Guardian's Address: _____
 11. Your Occupation: _____ Education: _____
 12. Hobbies and Interests: (if more space is needed, please attach paper)

 13. Goals: _____

❖ Why do you want to participate in this pageant?

❖ **Talent Information:**

***YOU WILL BE ALLOWED A MAXIMUM OF THREE MINUTES TO PERFORM YOUR TALENT.
(THERE ARE ABSOLUTELY NO EXCEPTIONS TO THIS RULE.)**

Describe the talent you will be performing. Please be specific:

Please note that the talent portion of the show will not be one of the criteria for selection of Ms India CT Pageant. The contestants for the talent show will be selected by the board. Three participants will be selected in each Ms. India category to perform before the audience during the pageant for the **Miss Talent title.*

❖ **Special Requirements:**

Microphone Microphone and Podium Other (please describe)

I will be performing my talent to recorded music.

*(Please provide two copies of the professionally recorded music with your name clearly written on them. One copy should be provided at least one month before the program. This music will become the property of Diva America Inc. Also, please provide a brief description of your talent.)
(TO AVOID DISQUALIFICATION, PLEASE MAKE SURE YOUR TALENT SHOW IS NO LONGER THAN THREE MINUTES)*

❖ **Passport Information:**

Country: _____ Passport No. _____

Place of Issue: _____ Dates of Issue and Expiration: _____

❖ **Health Information:**

List any allergies we should be aware of: _____

Please list any and all handicaps that apply to you: _____

Your Physician's Name: _____ Tel: _____ Name

of Health Insurance: _____ Policy #: _____

❖ **References:**

1. Name _____ Relationship: _____ Tel: _____

2. Name _____ Relationship: _____ Tel: _____

Any information that was not captured in the application may be stated here:

(Please use additional paper if necessary)

I have read and agree to follow the Rules and Regulations of the pageant. I also certify that the information presented in this form is correct. I also understand that the Diva America Inc. reserves all rights pertaining to this contest and its decision is final.

Contestant's signature: _____ Date: _____

Checklist:

- Proof of age* *Proof of residency*
- Four pictures* *Registration Fee (\$100/-)*

For Diva America Inc. use only:

Date of submission: _____
Action taken: _____