


Young Miss Buffalo Pageant
Helping Young Women Become Their "BEST"

Please submit this application **typed or printed neatly. Do not attach additional pages!** Participation will be limited to 20 contestants. Contestants will be notified if accepted into the program. **Please return completed application AND photocopy of Birth Certificate; Report Card; and Proof of address by Friday, February 12, 2010** to: YMBP, Inc.: P.O. Box 144, Buffalo, NY 14205-0144.

Full Name: Age: Date of Birth:

Local Address: Phone:

City, State, Zip:

Email: MySpace page address:

Facebook page: Twitter Page:

Mother/Guardian's Name: Father/Guardian's Name:

Mother/Guardian's Phone: Father/Guardian's Phone:

Mother's Email: Father's Email:

EDUCATION: Elementary School: Year of Graduation:

High School: Year of Graduation:

PERSONAL & SCHOLARSHIP INFORMATION:

Elementary School honors & activities:

High School honors & activities:

Career Ambition:

Other Accomplishments:

Hobbies or Interests:

Favorite Color & Why?:

Favorite Food:

Favorite Musical Group/Artist:

Favorite Movie:

Employment/Internship Experience:

What issue would you like to focus on if you are selected as Young Miss Buffalo 2010? This should be something you are passionate about?

TALENT INFORMATION:

What type of talent will you perform in the pageant?

Do you have any performing arts training? If so, What?

VOLUNTEER EXPERIENCE:

Community Service Affiliation or activities:

MEDICAL AND DIETARY INFORMATION:

Please list any foods the contestant cannot eat or may be allergic to:

Please list any special medical or physical needs, medical conditions, or allergies the board and committee should be aware of:

Please list all information that medical providers, staff and chaperones may need to know for the proper care of your child in case of an emergency:

___ Asthma Inhaler: _____

___ Allergies List: _____

___ Heart Murmur

___ Seizures Explain: _____

___ Diabetes Insulin Type: _____

Insulin Type: _____

Other Conditions (Be specific): _____

Medications Being Taken: _____

HOW DID YOU HEAR US?

___ Friend

___ School

___ Web Search

___ Email

___ Family Member

___ Church

___ Community Center

___ Internet (i.e. Facebook, Twitter, MySpace)

(Contestant's Signature)

(Date)

(Parent/Guardian's Signature)

(Date)