



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 Saturday, January 31, 2011** to: YMBP, Inc.: 795 E. Delavan Avenue, Buffalo, New York 14215.

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 & Why:

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 2011? 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:

[Empty text box for volunteer experience]

MEDICAL AND DIETARY INFORMATION:

Please list any dietary restrictions (i.e. religious, allergies, vegetarian):

[Empty text box for dietary restrictions]

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

[Empty text box for special medical/physical/educational needs]

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: [Empty text box]

___ Allergies List: [Empty text box]

___ Heart Murmur [Empty text box]

___ Seizures Explain: [Empty text box]

___ Diabetes Insulin Type: [Empty text box]

Insulin Type: [Empty text box]

Other Conditions (Be specific): [Empty text box]

Medications Being Taken: [Empty text box]

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)