



Guyra Show Society
Junior Showgirl Competition



Showgirl Name: _____ Age: _____

Address: _____

Telephone: _____ Mobile: _____

Email: _____

Date of Birth: _____ Occupation: _____

Parents Name and Contact: _____

Education Details: _____

Hobbies: _____

Community Involvement: _____

Ambitions/Goals: _____

Reason for entering the showgirl competition: _____

Do you give us permission to publish you photo? Yes No Signature: _____