

Miss New Westminster Ambassador Programme Official Application Form

I, _____ hereby enter the Miss New Westminster Ambassador Programme.

I have read and agree to abide by the rules and regulations of the Miss New Westminster Ambassador Programme now in effect and I will abide by such other additional or amended rules and regulations, which may hereinafter be declared by the New Westminster Hyack Festival Association.

I hereby agree that the time, manner and method of judging the Miss New Westminster Ambassador Programme shall be solely within the discretion of the New Westminster Hyack Festival Association and that the decision of the Judges shall be final.

I agree that, as an Ambassador of the programme, I will not sign a management contract with any individual or corporation and I will not give any written consent or verbal endorsement of any mercantile commodity or commercial organization, nor will I permit my photograph to be used in connection with any advertised commodity or service not associated with this programme without prior written permission from the Hyack Festival Association.

NAME _____
FIRST MIDDLE LAST

ADDRESS _____

TELEPHONE:(HOME) _____ (CELL) _____ (PAGER) _____

BIRTHDATE _____ BIRTHPLACE _____

EYE COLOR _____ HAIR COLOR _____ HEIGHT _____

NUMBER OF YEARS OF CITY RESIDENCY _____ OTHER LANGUAGES SPOKEN _____

EDUCATION:
SCHOOL OR COLLEGE LAST ATTENDED OR ATTENDING NOW _____

HIGH SCHOOL _____ CITY _____

EMPLOYMENT:
ARE YOU PRESENTLY EMPLOYED? Y/N _____ NAME OF BUSINESS _____

POSITION _____ FULL/PART TIME? _____

INTERESTS, HOBBIES, VOLUNTEER WORK, CLUBS, ORGANIZATIONS ETC. _____

SPORTS AND TEAMS _____

SPECIAL TRAINING (MUSIC, DANCE, MODELLING ETC.) _____

FUTURE PLANS – CAREER CHOICES AND WHY _____

ADDITIONAL INFORMATION WHICH YOU FEEL MAY BE OF INTEREST TO THE COMMITTEE
MAY BE ATTACHED TO THIS FORM.

Write an essay (minimum 500 words - maximum 750 words) on the following topics:

**HOW IMPORTANT IS IT TO YOU TO BE SELECTED MISS NEW WESTMINSTER
AMBASSADOR?**

**HOW ARE YOU GOING TO HANDLE YOUR RESPONSIBILITIES OF FAMILY,
FRIENDS, SCHOOL/WORK, AND THE AMBASSADOR PROGRAMME?**

I ATTEST THE ABOVE INFORMATION TO BE TRUE AND CORRECT:

Signature of Candidate

Date

Signature of Parent/Guardian

Print name of Parent/Guardian

Address of Parent/Guardian

Telephone Number of Parent/Guardian

Signature of Witness

Print name of Witness

ATTACH A PHOTOGRAPH OF YOURSELF TO THE APPLICATION HERE.