

WOMAN OF THE UNIVERSE

Application form

COUNTRY: _____

FIRST NAME: _____

FAMILY NAME: _____

DATE OF BIRTH: _____

CONTACT INFORMATION

PHONE (with international code) _____ E-MAIL: _____

(PASSPORT COPY ATTACHED IF VISA IS NEEDED)

PRESENT CITIZENSHIP: _____

HUSBAND'S NAME: _____

DO YOU HAVE CHILDREN? _____

IF YES, WRITE NAMES AND AGE: _____

SPECIAL FACTS ABOUT YOUR FAMILY: _____

DESCRIBE FAMILY ROLE IN YOUR LIFE: _____

EDUCATION: _____

LANGUAGES SPOKEN: _____

OCCUPATION: _____

SPECIAL AWARDS OR ACHIEVMENTS: _____

HAVE YOU PARTICIPATED IN ANY BEAUTY CONTEST? _____

SOCIAL VOLUNTARY ACTIVITIES: _____

COUNTRIES YOU HAVE TRAVELLED: _____

Present measures:

HEIGHT: _____ m.

BUST: _____ cm.

WAIST: _____ cm.

HIPS: _____ cm.

DRESS SIZE: _____

SWIMSUIT SIZE: _____

HAIR COLOR: _____

EYES COLOR: _____

WHAT ARE YOUR HOBBIES? _____

SPECIAL TALENTS? _____

YOUR LIFE AMBITIONS AND PLANS? _____

WHAT IS THE BIGGEST PROBLEM OF WOMEN RIGHTS IN YOUR COUNTRY?

Date: _____ Name and signature _____

PLEASE ADD TO THIS FORM:

Passport copy if visa is needed

Digital photos in high resolution: full body and face. Photos have to correspond you present look