



**ARIZONA INTERNATIONAL PAGEANTS
ARIZONA'S EXCEPTIONAL WOMAN 2019 APPLICATION**

Name: _____ Address: _____ City: _____
State: _____ Zip _____ Home Phone: (____) _____
Other Phone: (____) _____ Occupation: _____
Email: _____ Height: _____ Weight: _____ Age: _____
Date of Birth: _____ Hair Color: _____ Dress Size: _____
Shoe Size: _____ Hobbies / Sports: _____

Career and / or Educational Accomplishments: _____

Community Involvement –
Volunteer Work: _____

Favorite Charity: _____ Why? _____

Favorite Family Tradition: _____

What is the
greatest challenge facing woman today? _____

If you are selected for this title what Platform or Issue will you speak on
throughout the year? _____

I agree to the Official Rules and Regulations as outlined on page two of this agreement. By signing this application, I hereby state that all information contained in this application is true and that I meet all eligibility requirements. Any misrepresentation of the truth will cause immediate disqualification from the competition. Any fees paid are non-refundable. Information must be contained on this official two page entry form. No additional pages accepted.

Signature: _____

Date: _____