

ON Stage at the EXPO

1:30pm on SUNDAY, FEBRUARY 10th

NAME:			PARENT'S NAME:		
AGE:	ADDRESS:		CITY/STATE		ZIP:
CELL #:		HOME #:		PARENT/ALT. #:	
EMPLOYER/SCHOOL:		EMAIL ADDRESS:			
HOBBIES & INTE	ERESTS/EXTRA-CURR	ICULARS:			
WHY SHOULD Y	OU BE CHOSEN FOR	TULSA'S FRESH FA	CE?		
		MEASU	JREMENTS:		
HEIGHT:	EYE COLOR:		HAIR COLOR: PA		Ē:
WEIGHT:	CHEST/BUST:		SHOE SIZE:		
JUDGES NOTES:					
	, ,			ABLE. I UNDERSTAND THA 1Y PARTICIPATION IN THIS	*
	Each winner	will receive a free ph	oto shoot, and c	gency representation.	
SIGNATURE (pa	rent/guardian if und	er 18):			

GOOD LUCK! - Models should appear before 1:00pm at the EXPO!

Send your Entry form to: Women's Living Expo, 75 Old Post Rd. Southport, CT 06890 - Fax: 203-259-3354

Or you can bring the completed Form with your to the Expo,