

# APPLICATION FORM



**ATTACH LATEST  
TWO (2) COLOR PHOTOS:  
ONE CLOSE-UP and  
ONE FULL BODY SHOT.**

SCORE

  

DATE SCREENED: APPLICANT NO. MAGIC STORE

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Fill out this form legibly with your own handwriting.

## BASIC INFORMATION:

NAME OF LITTLE MISS: \_\_\_\_\_ NICKNAME: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_ AGE: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

BIRTHPLACE OF FATHER: \_\_\_\_\_ BIRTHPLACE OF MOTHER: \_\_\_\_\_

CONTACT NOS. OF PARENTS / GUARDIAN: \_\_\_\_\_

## TRAINING / EXPERIENCE:

TALENT / SPECIAL SKILLS: \_\_\_\_\_

DID YOU JOIN ANY CONTEST, WORKSHOP OR TRAINING? YES ( ) NO ( );  
IF YES, PLEASE INDICATE BELOW:

CONTEST / WORKSHOP	YEAR	REMARKS (AWARDS / TITLE RECEIVED)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For inquires contact the Secretariat at 633-7020 local 125 or 529-1561, from Monday to Thursday only.

For Mobile hotline access text: 0929-8759188 / 0932-8634389

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APPLICATION FORM COULD BE REPRODUCED.

**NOT FOR SALE**