

**OFFICIAL ENTRY FORM
MISS IRELAND PAGEANT
MARCH 17, 2017
7:00 P.M.**

Ages 16 – 20
Contestant **MUST** have some Irish background.

Return to: Kathy Chisholm-Crowell
130 Heins Ave, N. Syracuse NY 13212 or
E-mail: kchisholm@twcny.rr.com or
laxmason3@yahoo.com

By March 1, 2017

APPLICATION MUST BE TYPED OR WILL NOT BE ACCEPTED

TAKE NOTICE OF NUMBER 7.

YOU MUST SUBMIT A QUESTION TO BE USED ON STAGE DURING THE PERFORMANCE

Awards: Miss Ireland \$1500
1st Runner-up \$1000

Contestant Name: _____

Parent's Name: _____

Address: _____ Phone: _____

Mother's Maiden Name: _____ E-mail Address: _____

Age: _____ Date of Birth: _____ Grade: _____

School Attending: _____

1. Achievements & Awards: _____

2. Community Activities: _____

3. Hobbies & Interests: _____

4. Career Goals: _____

5. What will you be doing to express you Irish Heritage: _____

6. Interesting Facts About Your Irish Heritage: _____

7. Stage Question: _____

REMEMBER: APPLICATION MUST BE TYPED OR WILL NOT BE ACCEPTED

For Further Information, Call: Kathy Chisholm-Crowell @ 783-3432 or Stephanie Mason @ 778-6439