

WAUCHOPE SHOW SOCIETY LIMITED

# HASTINGS VALLEY WAUCHOPE SHOWGIRL 2010

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

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

TELEPHONE: \_\_\_\_\_ MOB: \_\_\_\_\_ AGE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

EDUCATIONAL DETAILS: \_\_\_\_\_

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HOBBIES.AND.SPORTING.INTERESTS: \_\_\_\_\_

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AMBITIONS: \_\_\_\_\_

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COMMUNITY INVOLVEMENT: \_\_\_\_\_

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WHAT DOES THE SHOWGIRL CONTEST MEAN TO YOU \_\_\_\_\_

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Return to:

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Wauchope NSW 2446

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Email: [leona@hollowpointlures.com](mailto:leona@hollowpointlures.com)

Parents Names \_\_\_\_\_

**FORMS SHOULD BE HAND WRITTEN NOT TYPED**