



miss minnesota Latina™

An Official State Preliminary to Miss Latina US™

Miss Minnesota Latina & Miss Teen Minnesota Latina Contestant Application

Contestant's Full Name: _____

Date of Birth: ___ / ___ / ___ Place of Birth: _____ Age: ___

Country of Citizenship: _____ Years in the State of MN: ___

Height: ___' ___" Weight: ___ Dress Size: ___ Swimsuit Size: ___ Hair Color: ___ Eye Color: ___

Father's Full Name: _____ Place of Birth: _____

Mother's Full Name: _____ Place of Birth: _____

Other Ancestor's Full name and Place of Birth for determining Latin heritage: _____

Current Address: _____

Telephone: (____) _____ -- _____ e-mail: _____

Employment Information (if applicable):

Name of Employer: _____ Position: _____

Location: _____ Full or Part-Time: _____

Education Information (if applicable)

Name of College/University: _____ Program: _____

Location: _____ Years Completed (Graduation Date): _____

Other Accomplishments: _____

Languages Spoken: _____ Languages Written: _____

Emergency Contact Name: _____ Phone: (____) _____ -- _____

Contestant Signature: _____

*Parent/Guardian's Name: _____ Signature: _____

If under 18, parental consent required.