

Ms. Axis of Steel

CONTESTANT FORM

NAME: _____ AGE: _____

HAIR COLOR: _____ EYE COLOR: _____ MEASUREMENTS: _____

OCCUPATION: _____

HOBBIES: _____

FAVORITE SPORT: _____ FAVORITE MOVIE: _____

FAVORITE FOOD: _____ FAVORITE DRINK: _____

FAVORITE CAR: _____ FAVORITE CARTOON: _____

THREE WORDS THAT BEST DESCRIBE MYSELF: _____

ACCOMPLISHMENTS: _____

GOALS: _____

REFERENCE ONLY