



FACE OF MADI
FOUNDATION

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Located at Red Cross Building, Republic Road in Moyo, P.O.Box 380054 Moyo

Registration No: 80034739465653. CBO REG.NO: MDLG/CBO/03123/2023

faceofmadifoundation@gmail.com Contact: 0773 880840

CONTESTANTS APPLICATION FORM

ELIGIBILITY CRITERIA FOR CONTESTANTS;

1. Must be from Madi by tribe
2. Female
3. Marital status : single
4. Must be between the ages of 18-30
5. Language : Be able to express themselves in english or any recognized local language
6. Must not have been married or have children.

in the contest.

Must have proof /evidence of parental consent. This will be issued after the auditions in order for the parents to sign in agreement for the participation for his/her daughter to participate in the contest.

have prepared in relation to the theme and handed in before reporting for bootcamp.

SECTION A.

Personal Information

NAME:PHONE No:.....

ADDRESS:..... EMAIL:.....

BIRTHPLACE:.....BIRTHDATE:.....

AGE:.....DISTRICT:.....

OCCUPATION:.....

FATHERS NAME:..... PHONE No:.....

MOTHERS NAME:..... PHONE No:.....

GUARDIAN:..... PHONE No:.....

MISSION: To champion community rights, promote equality, and empower disadvantaged women, men, youth, and children for a prosperous, inclusive future through collaboration and advocacy

VISION
Empowering
Communities for
a Brighter Future



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SECTION B.

(TICK ONLY THE CORRECT ANSWERS TO THE BEST OF YOUR KNOWLEDGE.)

HOW DID YOU GET TO TO KNOW /HEAR ABOUT THE MISS TOURISM WESTNILE
PAGEANT/ CONTEST?

1. RADIO
2. SOCIAL MEDIA
3. FAMILY AND FRIENDS.

WHAT LEVEL OF EDUCATION HAVE YOU COMPLETED?(PLEASE ATTACH COPY OF
CERTIFICATES ATTAINED.)

1. O'LEVEL
2. A' LEVEL
3. INSTITUTE CERTIFICATE
4. DEGREE AT UNIVERSITY.

LANGUAGES SPOKEN;.....

HOBBIES ;.....

MEASUREMENTS.

HEIGHT;.....WEIGHT;.....HIPS.....BUST.....

WAIST;.....

HAVE YOU EVER PARTICIPATED IN ANY BEAUTY CONTEST BEFORE?

YES. NO.

IF YES, WHICH CONTEST, (WRITE NOT MORE THAN 20 WORDS ABOUT IT)

.....
.....
.....

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DO YOU HAVE ANY MEDICAL COMPLICATIONS?

A. YES

B. NO

IF YES, WRITE DOWN THE CONDITION AND THE MEDICATION

.....
.....
.....

IN NOT MORE THAN 100 WORDS, WRITE ABOUT WHAT INSPIRED YOU TO PARTICIPATE IN THIS PAGEANT.

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.....

I..... hereby confirm that the information above is to the best of my knowledge, true and I am willing to submit satisfactory proofs of the same, including age, citizenship and place of birth.

.....
SIGNATURE

.....
DATE.

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FOR OFFICIAL USE ONLY.

Judge 1:

Signature

Judge 2:

Signature

Judge 3:

Signature

DATE:

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