

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