



Miss Little Philippines 2020
REGISTRATION FORM
(Must be TYPED or CLEARLY printed)

NAME: _____

ADDRESS: _____

PARENTS NAME/LEGAL GUARDIAN:

MEMBERSHIP ORGANIZATION: _____

PHONE: _____ E-MAIL: _____

DOB: _____ AGE: _____ HT: _____ WT: _____

HAIR COLOR: _____ EYE COLOR: _____

FAVORITE COLOR: _____ FAVORITE FOOD: _____

FAVORITE T.V. SHOW/MOVIE: _____

FAVORITE MUSICIAN: _____

FAVORITE SONG: _____

HOBBIES: _____

GOALS/FUTURE PLANS: _____
