



MISS NIGERIA UNIVERSITY GAMES ASSOCIATION

For Enquires:
0706-594-2772,
0803-303-9522

APPLICATION FORM



1. NAME:.....
SURNAME FIRST NAME OTHER NAME

2. DATE OF BIRTH:.....

3. ADDRESS:.....

4. PHONE NUMBER:

5. DO YOU BELONG TO ANY MODELING AGENCY?.....

STATISTICS

6. HEIGHT.....WEIGHT.....SHOULDER.....BUST.....HIP.....WAIST.....

COMPLEXION

7. SKIN COLOUR.....HAIR COLOUR.....EYE COLOUR.....

8. FOOD.....DRINK.....HANDO.....WEAR.....

PERSONALITY TYPE

9. INTROVERT

EXTROVERT

10. HAVE YOU BEEN EXERCISING?

11. HAVE YOU BEEN DATING?

12. DO YOU HAVE ANY AILMENT? IF YES INDICATE.....

BODY MARK

TATTOO

SCAR

DELEGATE'S ATTESTATION

I.....WILLINGLY REGISTERED FOR THIS REALITY AGENT, I HAVE READ AND UNDERSTAND ALL THE RULES & REGULATION GUIDING THE ORGANIZATION AND THAT I VOW THAT ALL THE INFORMATION GIVEN ABOVE ABOUT ME ARE GENUINE I SHOULD BE HEAL RESPONSIBLE FOR FALSE INFORMATION.

PHONE NUMBER.....DATE:.....

DELEGATE WITNESS NAME:.....SIGN:.....