



14350 S 2200 W Bluffdale, UT 84065
801-254-2200 FAX - 801-253-3270

Miss Bluffdale Application

Full Name of Applicant: _____ (nick name): _____

Age: _____ Parent's names: _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail _____ Phone number: _____

High School: _____ Year Graduated: _____

College: _____

Talent to be performed: _____

Project of Platform: _____

Future Goals: _____

Likes: _____

Dislikes: _____

Hobbies: _____

Achievements: _____

Motto to Live by: _____

Values: _____

\$30.00 entry fee: [] paid rcpt date _____ rcpt # _____

You may change or add things at a later date if you wish.

Signature: _____ Date: _____