

CONTESTANT APPLICATION

First Name: *	Last Name:	Last Name: *		ZIP Code: *
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Phone: *	Email: *			Age: *
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		T _		_
Status: Married Single	Other	Status: Male	Female	e Other
BRIEFLY Explain why we should choose YOU :				
(use backside of form if you need more space)				
Application Rules: 1: Boxes marked with a RED Asteris	ok + oro DEOLIID	ED fields		
			nlication w	ill he DISOLIALIFIED
2: All applications must be HAND WRITTEN Otherwise, your application will be DISQUALIFIED 3: Mail only the original application (not a copy) Otherwise, your application will be DISQUALIFIED				
4: Do NOT send more than ONE ap	plication	If you do, your ap	plication w	rill be DISQUALIFIED
5: Do NOT reveal your address				
6: Do NOT send a picture				
Bribe, Quid Pro Quo, exchange		-		
		If you do, your app		
Mail your application to: Moosenuts Junction Productions				
P.O. Box 177 – East Dover, Vermont 05341				
Attention: GUAG Contestant Affairs				