



Federation of Hellenic Societies of Greater New York, Inc.
“STATHAKION CENTER”

NON PROFIT ORGANIZATION

P.O. Box 5429, Astoria, New York 11105 * Tel.: (718) 204-6500 * Fax: (718) 204-8986

www.hellenicsocieties.org / www.hellenicsocieties@yahoo.com

Miss Greek Independence Pageant
Sunday, March 4, 2012

APPLICATION

Deadline for Submission is February 21, 2012

A non-refundable \$50 registration fee must be submitted with application

Insert Picture Here

Personal Information:

please print

Name: _____

Address: _____

Home Telephone #: _____ Cell #: _____

E-mail: _____

Date of Birth: _____ Place of Birth: _____

Mother's Full Name: _____ Origin: _____

Father's Full Name: _____ Origin: _____

Education:

Grammar School: _____

High School: _____

College/University: _____

Vocational/Business School: _____

Other: _____

Work Experience:

Company Name: _____

Position: _____ Dates of Employment: _____

Company Name: _____

Position: _____ Dates of Employment: _____

Organization/Committee Memberships:

Name of Group: _____ Position Held: _____

Name of Group: _____ Position Held: _____

Volunteer Work:

Hobbies:

Please explain why you chose to participate in the Miss Greek Independence Pageant?

| | |
|-------------------|--------------|
| Signature: | Date: |
|-------------------|--------------|