

MISS BHNA 2009 ENTRY FORM

NAME: _____

COMPANY: _____

TELEPHONE CONTACT NUMBERS:

Office _____ Cell _____ Home _____

FAX # _____

EMAIL: _____

How did you find out about this competition?

Friend [] Family [] Team member (s) [] Secretariat []

Other _____

Please indicate the dates and times of 2 matches played this season:

Date _____ Time _____ Date _____ Time _____

Passport size photograph submitted with entry form:

Yes [] No []

Miss BHNA Entry Fee submitted:

With entry form? Yes [] No [] Already paid []

Signature of Contestant

Name and Signature of Immediate Supervisor

Date