



Italian Club of Cape Town

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MISS PRIMAVERA 2011 1st OCTOBER 2010 CONTESTANT ENTRANCE FORM

NAME: SURNAME:

ADDRESS:

.....

AGE: ID No.:

CONTACT DETAILS / TELEPHONE NUMBERS

HOME: WORK:

CELL:

EMAIL ADDRESS:

OTHER INFORMATION

ARE YOU ITALIAN? Yes No

If YES, please tick appropriate box below and supply relevant information:

By birth Is your father / mother / both parents Italian?

By descent Who in your family is Italian?

When are you available for practice? (Minimum 2 days per week)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Do you have own transport? Would you need a lift?

INFORMATION REQUIRED IN CASE OF AN EMERGENCY (NEXT OF KIN)

NAME:

TEL NO.: CELL:

RELATION: (e.g. Father / Mother)