Registration Fee: \$10



Junior Miss Roma

| Name: | Phone: | |
|---|---------------------------|--|
| | School/ | |
| | | |
| _ | Grade | |
| Age: | Level: | |
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| What is your full name, age | , and where are you from? | |
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| In three words describe you | ırselt. | |
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| What are your future aspira | tions? | |
| imat are year ratare aspire | | |
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| Who is a role model you loo | k up to and why? | |
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| If you could have any superpower, what would it be and why? | | |
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| What inspired you to participate in this pageant? | |
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| If you could change one thing in your community, what would it be? | |
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| | |
| What is your favorite book, movie, or TV show? | |
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| Are you involved in any extracurricular activities? | |
| Ale you involved in any extraodifficular delivities. | |
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| Is there anything else you'd like the judges/audience to know about you, that wasn't covered in the questions? | |
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Please return this form to the Roma City Hall front desk.