MS. LSU ALEXANDRIA PAGEANT

Registration Form

Full Name: _____
(Last) **(First)** **(Middle)**

Social Security Number: _____

Address: _____

City: _____ **Zip Code:** _____

Phone _____
(Daytime) **(Evening)** **(Cell)**

E-Mail Address: _____

Birth Date: _____

Major: _____ **GPA:** _____

Freshman: _____ **Sophomore:** _____ **Junior:** _____ **Senior:** _____

Student Organizations in which you are an active member:

_____

_____

High School Attended: _____

My signature on this registration form gives LSU Alexandria permission to release information about me for publicity purposes for the Ms. LSU Alexandria Pageant. I certify that I meet all of the requirements to be a contestant in the Ms. LSU Alexandria Pageant.

_____
Signature of Registrant **Date**