



2027 Application

Please send completed applications to

yucaiparodeoqueen@gmail.com

Or you can bring them to any of our clinics before the deadline of
3/15/26

Contestant Name: _____ Age, as of January 1, 2026 _____
Address: _____
City: _____ Zip Code _____
Parent's name: _____ Cell Number: _____
Parent Email Address: _____

Who should we send contest information to? (Circle One) Contestant / Parent / Both

If applicant is old enough to receive contestant info on their own please list their information

Contestant cell number: _____

Contestant email: _____

Do you have any physical or learning disability that we need to know about? Y/N
(If yes, please list details) _____

If contestant is entering in as an Exceptional Miss, an additional questionnaire must be completed

Contestants Signature

Parent Signature (if under 18)

Use additional sheets of paper if needed for the below questions:

School Accomplishments: _____

School Extracurricular activities: _____

List details including the years of participation in County fairs, projects, club involvement and accomplishments: _____

Future Plans: _____

