

2018

REGIONAL REGISTRATION FORM

National Director - Sabrina Vaz-Barros

www.Atlanticseaboardbeautypageant

508.725.4278

Mail To: ASBP

P.O. Box 601 W. Barnstable, Ma 02648



Contestants Name: _____ D.O.B. ____/____/____

Age _____ (As of January 30, 2018) Age Division: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Phone Number: () _____ () _____

Email Address: _____

Parents names: _____

Three words that best describe the contestant: _____

The Contestants Ambition for the future: _____

Something that makes you remarkable: _____

Regional Event Attending: _____

I have read and understand the rules and regulations of ASBP.

I understand I can not hold ASBP liable for any injury, loss or damage to myself, my contestant or our belongings.

Signature: _____ Date: _____

Parent or Guardians Signature if under the age of 18

Mail This Application along with fee and a photo to: P.O. Box 601 W. Barnstable, Ma 02668