

Delegate's Personal Data Form

Name of Delegate: _____

Name of Country: _____

Translator Required: yes [] no []

Height : _____ Bust : _____ Waist : _____ Hips : _____

Medical Data:

1. Are you allergic to any type of medication (please give details):

2. Do you suffer from any chronic illness or disease (if so please provide details):

3. As a result of illness of any sort do you currently take medication
(please provide details of medication)

4. Name of doctor (please give address and telephone number):

5. In case of Emergency please give the name, address and telephone number of the person the
contact:

Declaration

Delegate to International Carnival Queen 2011 representing _____

declare that I will take part in the events leading up to and including the International Carnival
Queen Competition 2011 and I further declare that I am not married, have not given birth to a
child and that I am not pregnant now.

I agree for Fu.De.Ka. to use my photographs and videos obtain during this pageant , as
promotional material for Curaçao and International Carnival Queen pageant.

DATED the _____ day of _____ 2011

Signature of Delegate: _____

Witnessed by: _____

Please print name of Witness: _____

Signature of Witness: _____