

**Coffs Harbour Show Society  
Young Ambassador Entry Form**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: (Home) \_\_\_\_\_ (Mob) \_\_\_\_\_

Email: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Occupation: \_\_\_\_\_

Education Details: \_\_\_\_\_

\_\_\_\_\_

Hobbies: \_\_\_\_\_

\_\_\_\_\_

Sporting Interests: \_\_\_\_\_

\_\_\_\_\_

Community Involvement \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ambitions/Goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for entering the Showgirl Competition: \_\_\_\_\_

\_\_\_\_\_

**Return this form with recent photo to:**

**Mel Crossland** 0418 292 411 Email: [melgcrossland@gmail.com](mailto:melgcrossland@gmail.com)