



Miss Club Italia Ambassador Registration Form

Ladies Auxiliary Committee 2525 Montrose Road, R.R. 1, Niagara Falls, ON L2H 0T9
905-374-7388 admin@clubitalia.ca

Personal Contact Information:

Last Name

First Name

Address

City

Home Number

Cell Number

email

Preferred Method of Contact: Text email Phone Calls

Parent Contact Information:

Name 1

Home Number

Cell Number

email

Preferred Method of Contact: Text email Phone Calls

Name 2

Home Number

Cell Number

email

Preferred Method of Contact: Text email Phone Calls

Personal Information

Date of Birth

Age

School Currently Attending

Grade/Year of Study

Help us get to know you...

Do you work: Yes No

If Yes Where?

Briefly explain your Italian cultural connection:
(i.e. one, or both parents, grandparents)

Include region of Italy that your connection is to:

Interests/Hobbies:

Talents:

Volunteer Work:

Membership or affiliations with Clubs (if yes please describe):

Please share a dream, aspiration or goal you have:
