QUEEN OF GOLD AFRICA

BEAUTY PAGEANT 2026 (10TH EDITION)

REGISTRATION FORM

NAME (SURNAME) **(FULL NAMES)**

DATE OF BIRTH
(Day / Month / Year)

OCCUPATION

FAMILY ADDRESS

ALTERNATE ADDRESS

PHONE NUMBER(S)

NEXT OF KIN **PHONE NUMBER(S)**

HOBBIES **FAVOURITE COLOUR**

BEST SPORTS **BLOOD GROUP**

ANY ILLNESS
(State it/them)

ANY FOOD TO CONSIDER
(In relation to illness, list them)

STATISTICS

HEIGHT **WEIGHT** **BUST** **HIPS** **WAIST**

PREVIOUS EXPERIENCE(S)

EVER CONTESTED IN ANY PAGEANT? (circle one) YES / NO

IF YES, STATE NAME(S) AND WHEN

EVER WON A BEAUTY PAGEANT CROWN? (circle one) YES / NO IF YES, TITLE & WHEN

LIST PROJECTS / WORK DONE DURING YOUR REIGN

EDUCATIONAL & CAREER

NAME OF INSTITUTION (Full name please)

COURSE OF STUDY **LEVEL**

YEAR OF GRADUATION **NYSC? (circle) YES / NO** **STATE OF SERVICE**

CURRENT OCCUPATION **POSITION**

STATE BRIEFLY WHY YOU WANT TO CONTEST FOR QUEEN OF GOLD AFRICA BEAUTY PAGEANT 2026

PLEASE NOTE: All information provided above is treated as important and confidential. Any false information provided will lead to automatic disqualification of the contestant.

DECLARATION

I, Miss _____, hereby declare that all information provided by me above is true. I also authorize the organization to use and/or upload all of my pictures (as will be provided by me), pictures as will be taken throughout the period of this contest, and pictures as will be taken throughout my reign if I emerge as a Queen, for public use, with or without informing me.

SIGN **DATE**

NOTE: NO REFUND OF MONEY AFTER PAYMENT

Submit this completed form with your headshot photo and proof of payment via WhatsApp to +234 907 340 3717, or as instructed by your regional coordinator. Enquiries: +234 915 998 2377 | +234 803 662 1646