



Caribbean Cultural & Carnival Organization (CCCO)
2018 Miss Carival Pageant Application
(PLEASE TYPE OR PRINT CLEARLY)

Name: _____ Date of Birth: _____

First _____ Last _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Education: _____
Name of school and highest level of education attained

Email Address: _____ Emergency Contact _____

Interests: _____

Non-refundable \$50 application fee is included (Payable to CCCO) Yes ___ No ___

Are you of Caribbean heritage by birth and/or descent? If by descent, family background:

Name of country you wish to represent: _____

- ✓ I certify that I am single, that I am not pregnant and that I have never given birth to a child.
- ✓ I further certify that all information given in this application is true and complete to the best of my knowledge. I will provide proof of age, as requested by the CCCO.
- ✓ I certify that I have received a copy of the Miss Carival Pageant Rules and Regulations.

Signature of Applicant Date:

If under 18, Name of Parent/Guardian Signature of Parent/Guardian Date:

Return completed application to CCCO Attn: Pageant Committee- 18323 W. McNichols Rd.- Detroit, MI 48219
Or email the completed application to Richard@myccco.org

For more information, please call 313-855-5774