



2015 Miss Italy of the Miami Valley  
Bocce Classic Queen  
Garlic Fest Queen  
Application Form



NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

PARENTS: \_\_\_\_\_

GRANDPARENTS: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

SCHOOL ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMMUNITY ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HONORS RECEIVED: \_\_\_\_\_

\_\_\_\_\_

On an attached sheet, please type in your own words a paragraph explaining why you wish to be crowned the Miss Italy of the Miami Valley, The Bocce Classic and Garlic Fest Queen. Return the application form along with a recent photograph to:

Miss Italy of the Miami Valley  
c/o Bocce Classic  
PO Box 292123  
Kettering, OH. 45429-2123  
Email: [bocceclassic@yahoo.com](mailto:bocceclassic@yahoo.com)  
937-475-0357