

Beautiful You



APPLICATION FORM

Name: _____

Address: _____

Phone Number: _____

E-Mail: _____

Height: _____ Weight: _____ Age: _____

• **PLEASE ATTACH COLOR PHOTO**

- **Deadline for submissions is Friday, March 5, 2010.**
- **Applications can be dropped off at The Lethbridge Herald, 504 7th St. South, Faxed to 403-381-3350, or emailed to beautifulyou@lethbridgeherald.com**

Why do you wish to be considered as the “Beautiful You” makeover candidate?

What goal would you like to achieve as the “Beautiful You?”

What lifestyle improvements have you already attempted? To what do you attribute your success/failure?

Are you employed? If so, what days and hours do you work every week?

How many hours can you invest in your makeover from Monday to Friday (between 8 am to 5 pm) and also to update our online blog

Do you wear contact lenses or glasses? When was your last eye exam?

What major dental work have you had done? Do you have any crowns, a bridge, partial plate or dentures?

Do you have any current medical problems or health concerns? Do you have any allergies? What, if any medications are you taking?

How do you feel about being in the public eye and having your story told in the newspaper as you work towards you goal?
