



MISS DEAF TEXAS PAGEANT

OFFICIAL ENTRY FORM

You MUST be at least 17 years old during the week of the pageant and 18 years old before the Miss Deaf America Pageant.

When submitting your application, you MUST include the following:

*A COPY OF A CURRENT AUDIOGRAM (50db or greater in the better ear)

*ONE 5 X 7 COLOR PHOTOGRAPH (Shoulder length)

*YOU MUST BE ABLE TO USE SIGN LANGUAGE

***CHECK OR MONEY ORDER (NON-REFUNABLE AFTER APRIL 15TH) for \$800.00 PAYABLE TO: MISS DEAF TEXAS PAGEANT (FOR ENTRY FEE, HOTEL, SOME MEALS)**

NOTE: BE SURE YOUR PHOTOGRAPH CONTAINS PLAIN (OR SOLID-COLORED) BACKGROUND AND DONE IN A PROFESSIONAL STUDIO ENVIRONMENT

DEADLINE FOR SUBMISSION: April 15, 2007

MAILING ADDRESS: MDTP 2007, KATHY WALTERS
103 Elm Crest Drive
Rockwall, TX 75087

Your City Title: Miss Deaf _____

Full Name: _____
(First) (Middle) (Last)

Permanent Address: _____

City, State, Zip: _____

Daytime phone (TTY/V): _____ Fax: _____

Evening Phone (TTY/V): _____

E-mail address: _____

Pager address: _____

Temporary Address (if at school): _____

City, State, Zip: _____

Current Age: _____ Date of Birth: _____

Name of High School: _____ Year of Graduation: _____

College(s) attended (or will attend): _____

Major: _____ Degree: _____

Year of Graduation from College: _____

Current Status at School (full-time/part-time): _____

Class year: _____

Future Career Goals/Plans: _____

Your Hobbies and/or interests: _____

Parents' Names: _____

Address (if different): _____

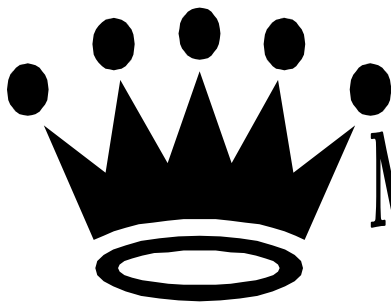
Daytime phone (TTY/V): _____ Fax: _____

Parents' E-mail address: _____

I, _____, am the one who filled out this application and all the information that I have given are true to the best of my knowledge.

Signature of Contestant

Date



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CHAPERONE INFORMATION

(must be submitted no later than April 15, 2007)

Each contestant is required to have a chaperone with them at all times during the week of the Miss Deaf Texas Pageant. Your chaperone **MUST** be able to communicate with you and others effectively and to assist you at all times. Your mother or any family members cannot serve as your chaperone. *****It is required that your chaperone be at least 3 years older than the contestant.**

Chaperone's Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone (V/TTY): _____

Evening Phone (V/TTY): _____

Deaf or Hearing: _____

I, _____ have agreed to serve as a chaperone for _____. I will abide by all the rules established by the Miss Deaf Texas Pageant committee.

Signature of Chaperone

Date