



Official Entry Form

Along with this completed form, please including the following:

- ♦ A copy of a current audiogram
- ♦ A copy of a birth certificate or other satisfactory document such as driver license
- ♦ One color 5 x 7 photograph (waist-up) – solid background/professional
- ♦ A signed original copy of the MDGP Agreement.
- ♦ A signed original copy of the Contract
- ♦ A membership application for Georgia Association of the Deaf (GAD) along with a check for \$15.00 made payable to: GAD
- ♦ A Release of Health/Medical Information form with signatures
- ♦ A check for \$200.00 entry fee, made payable to: GAD/Miss Deaf Georgia Pageant

Deadline for submission: March 15, 2009

Mailing Address: Renee Edwards
4323 Dunriver Drive
Lilburn, GA 30047

Please print clearly.

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

Permanent Address: _____

Temporary Address (if at school): _____

Phone (TTY/V): _____ FAX: _____

Email: _____ Pager: _____

Current Age: _____ Date of Birth: _____ Place of Birth: _____

Age of Onset of Deafness: _____ Cause of Deafness: _____

Category of Hearing Loss (mild, severe, profound) _____

(L) _____ dB (R) _____ dB

Name of High School: _____

Year of Graduation: _____

College(s)/Tech(s) Attended (or will attend): _____

Major: _____ Degree: _____

Year of Graduation: _____

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

Class Year: _____

Future Career Goals/Plans: _____

List Scholarships, Awards and/or Honors that you have received:

List organizations of which you are a member:

Your Hobbies/Interests: _____

Parents' Names (if under 18): _____

Parents' Email Address: _____

Parents' Phone #: Daytime _____ Evening _____

Platform Presentation:

Subject: _____

Summary: _____

Talent Show:

Title: _____

Type of Show: _____

Props you will bring: _____

Name of your sponsor (your sash to be read at the pageant):

Special Accommodations: (If you need any kind of special needs such as a Deaf-Blind interpreter, wheelchair access, etc.)
