



2009 Miss Deaf Maryland Ambassadorship Program
Official Entry Form

Along with this completed form, please include following:

- ✓ a copy of birth certificate;
- ✓ a copy of current audiogram;
- ✓ one color or black and white 5 x 7 photograph showing your head and shoulders only;
- ✓ make a \$100 check payable to Maryland Association of the Deaf /Miss Deaf Maryland Pageant;
- ✓ and attach the check for the special events and meals. (Suggestion: find a sponsor(s) to cover your expenses, i.e., wardrobe, accessories, hotel, meals, entry fee and special events.)

Deadline for submission: June 15, 2009

Mailing address: Marie Campbell
State Director of Ambassadorship
76 Monte Carlo Way
Charles Town, WV 25414
pageant@mdad.tv

Contestant Information

Your Sponsor name: Miss Deaf: _____

Full Name: _____
First Middle Last

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Home Phone: _____ Alternate Phone: _____

E-mail Address: _____

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

Name of High School: _____ Year of Graduation: _____

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

Major: _____ Degree: _____ Year of Graduation: _____

Current Status at School: full time part-time none Class Year: _____

Future Career Goals/Plans: _____

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

List organizations of which you are a member: _____

Description of platform presentation you will present (must not exceed two minutes): _____

Title of platform presentation: _____

Description of talent presentation you will present: (must not exceed four minutes) _____

Title of talent presentation: _____