



# 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: \_\_\_\_\_

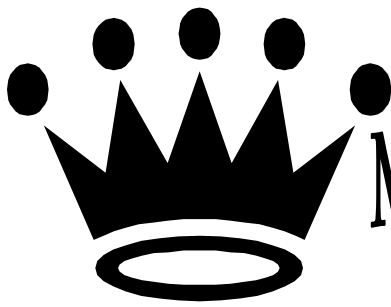
Parents' E-mail address: \_\_\_\_\_

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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



# MISS DEAF TEXAS PAGEANT

## 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 recommended that your chaperone be 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