



**MIAMI ALUMNAE CHAPTER
Delta Sigma Theta Sorority, Inc.
Debutante Referral Form**

Note: This is a fillable form.

Referring Member of Delta Sigma Theta Sorority, Inc., complete and email form to:

Delta Kathy L. Horton, Chair
Kharimac2020@gmail.com

Student's Name: _____

Address: _____

City, State & Zip Code: _____

Phone Number: (H): _____ (C): _____

E-Mail Address: _____

High School: _____

Parents/Guardian(s): _____

E-Mail Addresses: _____

Phone Number: _____

Extra-Curricular Activities, Community Involvement, Special Talents

REFERRING MEMBER OF DELTA SIGMA THETA SORORITY, INC.

Name: _____

Phone: _____ Chapter Affiliation: _____

Address: _____

Email address: _____

Miami Alumnae Chapter's Debutante Program is a three-year commitment. As a referring member of Delta Sigma Theta Sorority, Inc., you agree to remain in contact with the Sub-Debutante and ensure their success throughout the journey.