



**MIAMI ALUMNAE CHAPTER**  
**Delta Sigma Theta Sorority, Inc.**  
**11<sup>th</sup> Grade Debutante Referral Form**



**Note: This is a fillable form.**

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

**Sorors Kathy Evans and Gracelyn Thomas, Chairpersons**

**[TazaraMAC@gmail.com](mailto:TazaraMAC@gmail.com)**

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Address: \_\_\_\_\_

High School Attending: \_\_\_\_\_

Parents/Guardian(s) Name: \_\_\_\_\_

Parents/Guardian(s) Email Address: \_\_\_\_\_

Parents/Guardian(s) Phone Number: \_\_\_\_\_

**Extra-Curricular Activities, Community Involvement, Special Talents**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERRING MEMBER OF DELTA SIGMA THETA SORORITY, INC.**

Name	_____		
Phone Number	_____	Chapter Affiliation	_____
Address	_____	City, Zip Code	_____
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.**