**MIAMI ALUMNAE CHAPTER**

**Delta Sigma Theta Sorority, Inc.**

**Tenth Grade**

Sub-Debutante Referral Form

**2019-2020**

**PLEASE PRINT**

NAME:

ADDRESS:

CITY & ZIP CODE:

PHONE NUMBER: (h) (c)

E-MAIL ADDRESS:

SCHOOL ATTENDING:

PARENTS/GUARDIAN(s):

SPECIAL TALENTS:

EXTRA CURRICULAR ACTIVITIES/ COMMUNITY INVOLVEMENT

REFERRING MEMBER OF DELTA SIGMA THETA SORORITY, INC.

Name:

Phone:

Address: City/Zip Code:

Chapter Affiliation:

Referring Member of Delta Sigma Theta Sorority, Inc., please return form to:

**Cathy Clarke and Diane Alexander, Co-Chairs**

**Please note: Completed form may be e-mailed to** [**karasai@dstmiami.org**](mailto:karasai@dstmiami.org)