

Miss Georgia

Official Licensee of the Miss America Organization

OFFICIAL APPEARANCE REQUEST FORM

Name of organization requesting appearance of Miss Georgia:

Email Address: _____

Date of Appearance: _____

Type of Promotion: (Name) _____

Person in charge of event:

(Name) _____ (Phone No): _____

Miss Georgia should go to: (Place including address)

Name of individual who will meet Miss Georgia (Name, title & phone #)

Miss Georgia should arrive: (Time) _____

What is Miss Georgia's function at this event? Emcee Perform Guest Speaker Other (Please describe in full)

Type of Appearance(s) (list events at which she will appear & times, if possible):

A. _____

B. _____

C. _____

What type of wardrobe will be necessary for each phase of the appearance?

Will she be expected to speak? No Yes

Length of speech and subject:

Have you planned any press conferences or T.V. and radio appearances? No Yes

How many & details of each:

What promotional material will be required: Pictures _____

Biography _____

Lodging for Miss Georgia and her traveling companion, if required, will be at: (Name & Address)

Signed: (Name, Title & Date)

(Address)

(City, State, Zip Code)

****Please return this completed form and directions from LaGrange, Georgia, to your event to:**

E-mail: missgaappearances@gmail.com

PLEASE NOTE THAT APPEARANCE FEES ARE ASSOCIATED WITH BOOKING MISS GEORGIA

Miss Georgia Scholarship Competition - 137-B Commerce Avenue - Suite #110 - LaGrange, Georgia, 30241