



Greensboro Alumnae Chapter
Delta Sigma Theta Sorority, Incorporated™
P.O. Box 20284
Greensboro, NC 27420

2024 Miss Jabberwock Pageant Application

Name _____
(First) (Middle) (Last)

Address: _____
(Street)

(City) (State) (Zip)

Phone Numbers: Home: _____ Cell: _____

Student's e-mail address: _____

Date of Birth: _____ Age: _____

School: _____ Grade: _____

Current GPA (weight): _____ (required for Miss Jabberwock participant)

Mother/Guardian: _____
(First) (Last)

Phone Numbers: Home: _____ Cell: _____

Email address: _____

Father/Guardian: _____
(First) (Last)

Phone Numbers: Home: _____ Cell: _____

Email address: _____

Person to Contact in Case of an Emergency: _____

Phone Numbers: Home: _____ Cell: _____



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I give permission for my daughter to participate in the Miss Jabberwock Pageant.

Applicant's Signature

Date

Parent's/Guardian's Signature

Date

Please submit picture (*This picture will not be returned.*)

Application packet and application fee are due no later than September 30, 2023.

Mail all information to the following address:

Greensboro Alumnae Chapter
Attn: Jabberwock Committee
Delta Sigma Theta Sorority, Inc.
P.O. Box 20284
Greensboro, NC 27420

Thank you!

Jocelyn Becoats (704-517-3025) and *Teresa Lipscomb-Burney* (336-337-4005)

Jabberwock Co-Chairs

jabberwockcommittee@gmail.com