



Miss / Ms
Black Georgia
USA

PO Box 3354
Atlanta, GA 30031
888.851.6858 ph./fax

www.missblackga.org

Appearance Request Form:

Name of Queen Requesting: _____

Event: _____

Date: _____ Time: _____

(Please request appearance at LEAST 2 weeks in advance.)

Venue: _____

Address: _____

Contact Person: _____ Title: _____

Contact Phone: _____ Alt. Phone _____

Contact Email: _____

Description of request (guest speaker, performance, spectator, etc) _____

Web Address (If applicable): _____

Check all that apply:

Honorarium (Amount: \$ _____)

Tickets needed/Will Call _____

Crown/Sash YES NO Other: _____

Deadline (if any): _____

Please email – bookings@missblackga.org,

Fax – 888.851.6858, or

Mail: PO Box 3354, Decatur, GA 30031.

For Office Use ONLY:

Submitted: _____

Approved: _____

MBGA Attendant: _____

Contact Number: _____