



Miss / Ms
Black Georgia
 USA

750 Glenwood Ave
 Atlanta, GA 30316
 888.851.6858 ph.
 404.624.5299 fx
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: _____

Note trips over 50 miles or 1 hour require a gas allowance and possible overnight lodging.

Deadline (if any): _____

Please email – publicrelations@missblackga.org,

Fax – 404.624.5299, or

Mail: 750 Glenwood Ave, Atlanta, GA 30316.

For Office Use ONLY:

Submitted: _____

Approved: _____

MBGA Attendant: _____

Contact Number: _____