

Delta Sigma Theta Sorority, Incorporated - Montgomery (AL) Alumnae Chapter

# *Miss Crème de la Crème*

## *Masters of Distinction Information Form*

*3rd – 8th Grade*

(Please Type or Print Neatly)

**Contacts**

*Cathey H. Hendricks, Chair (334)676-9827*  
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*Kimberly Maryland, Vice-Chair (205)504-7829*

**Return the form to:**

*Montgomery (AL) Alumnae Chapter*  
*Delta Sigma Theta Sorority, Inc.*  
*Attn: Fundraising Committee*  
*P.O. Box 5144*  
*Montgomery, AL 36103*

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ \_\_\_\_\_  
Home Cell Email Address

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Parent name (s) Father \_\_\_\_\_ Mother \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Signature (s) \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ \_\_\_\_\_  
Home Cell Email Address

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_