

Miss Deaf Ohio Scheduling Request Form

☞ Please print or type all response below. ☞

Contact Information:

Hosting Agent/Organization: _____

Name/Title of Contact Person: _____

Street Address: _____

City/State/Zip: _____

Daytime Phone: _____ TTY V _____ Fax _____

Evening Phone: _____ TTY V _____ Fax _____

Email Address: _____

Financial Arrangement:

Name/Title of Authorized person: _____

Address (if different from the contact address): _____

City/State/Zip: _____

Daytime Phone: _____ TTY V _____ Fax _____

Evening Phone: _____ TTY V _____ Fax _____

Email Address: _____

Event Specifics:

Note that the section below has been duplicated twice. If you only need Miss Deaf Ohio for one activity within an event, you only need to fill this out once. But if you need Miss Deaf Ohio for multiple activities, then you need to list each activity separately. If there are more than two requested activities for an event, please feel free to add the information and attach it to this form.

General Primary Event Request:

Name of the Event: _____

Purpose of Event: _____

Starting/Ending Date(s) and Time Slot: _____

Theme, if any: _____

Event target audience: _____

We would like Miss Deaf Ohio to provide:

- brief presentation
- award presentation
- other (specify, please) _____
- welcoming remarks/greetings
- brief skit/performance

Text/Script provided? Yes No

Type of clothing attire:

- formal/evening gown
- business-like suit
- semi-formal
- casual/recreational

Will we provide a sound system for her song performance? Yes No

If Miss Deaf Ohio prefers accompanied with her chaperone or adult supervision, will we provide another honorarium fee for her chaperone or adult supervision? Yes No

General Secondary Event Request:

Name of Event: _____

Purpose of Event: _____

Starting/Ending Date(s) and Time Slot: _____

Theme, if any: _____

Event target audience: _____

If there is a program/agenda please attache to this form.

We would like Miss Deaf Ohio to provide:

- brief presentation
- award presentation
- other (specify, please) _____
- welcoming remarks/greetings
- brief skit/performance

Text/Script provided? Yes No

Type of clothing attire:

- formal/evening gown
- business-like suit
- semi-formal
- casual/recreational

Will we provide a sound system for her song performance? Yes No

If Miss Deaf Ohio prefers accompanied with her chaperone or adult supervision, will we provide another honorarium fee for her chaperone or adult supervision? Yes No

Responsible Party/Agreement:

☞ I have read the instructions above and reviewed the completed form in its entirety and agree to its contents.

Full Name: _____

Title: _____

Organization: _____

Date:

If there is a program/agenda, please attach to this form.