

# MISS WARNER ROBINS SCHOLARSHIP BOARD APPEARANCE REQUEST FROM

All appearance request must be submitted 10 days prior to the date of the event. You will receive a response via email.



## Submit Form:

Miss Warner Robins Scholarship Pageant  
P.O. Box 6261, Warner Robins Ga, 31095

OR

[rodnejohnsonus@aol.com](mailto:rodnejohnsonus@aol.com) cc: [Rodney.Johnson@hcbe.net](mailto:Rodney.Johnson@hcbe.net)

Date Submitted: \_\_\_\_\_

Organization: \_\_\_\_\_

Event: \_\_\_\_\_

Event Venue: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: Cell: \_\_\_\_\_ Email: \_\_\_\_\_

## Individual(s) Requested:

- |                                                         |                                                        |                                                               |                                                                     |                                                  |
|---------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Miss Warner Robins             | <input type="checkbox"/> Miss International City       | <input type="checkbox"/> Miss Warner Robins' Outstanding Teen | <input type="checkbox"/> Miss International City's Outstanding Teen |                                                  |
| <input type="checkbox"/> Pre-Teen Miss Warner Robins    | <input type="checkbox"/> Junior Miss Warner Robins     | <input type="checkbox"/> Little Miss Warner Robins            | <input type="checkbox"/> Teeny Miss Warner Robins                   | <input type="checkbox"/> Tiny Miss Warner Robins |
| <input type="checkbox"/> Petite Miss International City | <input type="checkbox"/> Young Miss International City |                                                               |                                                                     |                                                  |

Date(s) of Appearance: \_\_\_\_\_ Time (Start/End): \_\_\_\_\_

Venue Address: \_\_\_\_\_

## Event Details:

**Role of Requested Queen(s) (i.e. entertain, speak, etc.):**

## COMPLETED BY WARNER ROBINS BOARD ONLY

Board Member Contacted: \_\_\_\_\_

Date Form Received: \_\_\_\_\_

## Executive Director's Approval or Denial

Approved

Denied

Comments:

Questions? Contact [rodnejohnsonus@aol.com](mailto:rodnejohnsonus@aol.com) or 478-396-3640