



**Columbia (MD) Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
46<sup>th</sup> Debutante Cotillion**

**Debutante Cotillion Application**

**\*PLEASE PRINT**

Prospective Debutante's Name : \_\_\_\_\_

Name of High School: \_\_\_\_\_ Grade: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent (s) Name (s): \_\_\_\_\_

Parent (s) Alternate: \_\_\_\_\_

Parent (s) Email Address: \_\_\_\_\_

Parent (s) Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Person Responsible for Payment of Participant's Fees: \_\_\_\_\_

**Please List Your Involvement in Other Activities:**

<b>ACTIVITY</b>	<b>TIME COMMITMENT</b>

**Signatures:**

\_\_\_\_\_  
Debutante's Signature

\_\_\_\_\_  
Parent/Guardian's Signature

Please return the completed application during an in-person event or via email to  
[Cotillion@columbiamdtdst.org](mailto:Cotillion@columbiamdtdst.org). **Applications due by October 1, 2024.**