



**Delta Theta Delta Sorority, Inc.
Ambassadors**

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

Name of School: _____

City: _____ **State:** _____

Grade: _____

Parent/Guardian Name: _____

Relationship to the child: _____

Phone Number: _____

Email Address: _____

Referred by a Soror: YES or NO

Soror Name: _____ **State:** _____

Any relevant medical conditions, allergies, or medications:

Any extracurricular activities or interests:

Additional Comments or Notes:

Consent and Authorization:

By signing below, I hereby authorize the school to use the information provided for educational and administrative purposes. I certify that the information provided is accurate and complete to the best of my knowledge.

Student Name: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Parent/Guardian Name: _____ **Date :** _____

Parent/Guardian Signature: _____ **Date :** _____