

Alpha Kappa Alpha Sorority, Incorporated

Alpha Pi Omega Chapter 2019-2020 DEBUTANTE INTEREST FORM

NAME _____

_____	I meet the criteria and I am interested in participating in Alpha Pi Omega 2019-2020 Debutante Program. Please send me information about your upcoming informational meeting. My contact information is listed below.
_____	I am undecided. I would like to have someone contact me to provide me additional information. My contact information is listed below.
_____	I will not be able to participate. Thanks for the invitation.

Address: _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email Address _____

Parent(s) Name _____

High School _____

Please complete and return this form via mail, email, or in person.

Alpha Kappa Alpha Sorority, Inc.
2019-2020 Debutante Committee
P. O. Box 2013
Knoxville, TN 37901
OR
Email to akaknoxdebball@gmail.com