2020 Ms. Wheelchair Alabama America State Competition

Contestant Application Form

**Event Date: January 24-25, 2020**

**Application Deadline: December 20, 2019**

**EARLY ENTRY DEADLINE: December 1**

Eligibility Requirements: All Entrants must…

* Be a U.S. female citizen
* Be 21 years or older
* use a wheelchair or scooter for 100% of her public mobility
* be a resident of Alabama for the last 6 months
* demonstrate effective communication skills (this does not mean you have to physically speak)
* be available to act as a representative for people with disabilities
* MUST BE ABLE TO ATTEND the Ms. Wheelchair America national competition (7 DAYS) if chosen Ms. Wheelchair Alabama America.
* Must be willing to fundraise for your entry fees and to further the mission of MWA-Alabama

T-Shirt Size (circle one): S M L XL 2XL 3XL 4XL

Contestant Name (as you wish it to appear in the program): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

Marital Status: Single Married Divorced Widowed

Are you an American citizen? Yes \_\_\_\_ No\_\_\_\_ (Must be a citizen of the U.S.)

How long have you been a resident in Alabama? years \_\_\_\_\_ months

Have you been convicted of a felony? Yes\_\_\_ No\_\_\_ If yes, please explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you use your wheelchair or scooter for 100% mobility in public? Yes \_\_\_\_ No \_\_\_\_

If no, please explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: Age at onset of disability:

Primary Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the limitations your disability causes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Disabilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the limitations your secondary disability causes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you require personal assistance daily? \_\_\_\_\_ Yes No

**Contestants are responsible for obtaining their own attendant(s), sponsorship, and transportation to the event.**

**IN CASE OF AN EMERGENCY:**

Notify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTESTANT’S PHYSICIAN’S NAME:**

Name: Phone:

**EMPLOYMENT:**

Current Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Current Job Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are chosen as Ms. Wheelchair Alabama-America, can you get time off from your job or school to travel and/or make appearances? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

If you are chosen as Ms. Wheelchair Alabama-America, do you have transportation to all events/appearances? Yes \_\_\_\_\_ No \_\_\_\_\_

**ACTIVITIES/ACHIEVEMENTS/SPECIAL INTERESTS:**

Please describe your involvement in the following categories: Organizations, Activities, Hobbies and Special Interests. Please list any awards or honors.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**COMMUNICATION SKILLS:**

On a scale from 1 to 10 (10 being excellent) how would you rate your communication skills? \_\_\_\_\_

***Important***: As Ms. Wheelchair Alabama America **you** will be responsible for raising the funds and/or obtain sponsors for your National entry fees and travel expenses to attend the National Pageant. The Alabama State Program may choose to assist with a portion if budget permits BUT understand that ultimately it is ***YOUR*** responsibility.

Will you be able to do this? Yes \_\_\_\_\_ No \_\_\_\_\_

**SELF PERCEPTION:**

What five words best describe you?

1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SELF-PERCEPTION/ VIEW OF DISABILITY/ PHILOSOPHY**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PLATFORM/SPEECH:**

You will be asked to give a **2-minute** speech outlining your platform, its significance to you and the disability community, and what audiences you would target. Your platform is an issue that affects the disability community. This is your tool to educate people with and without disabilities. Your platform should be something you feel passionate about and you should feel comfortable talking about and not overly technical. **What is the topic of your platform (summarize it in a few words)?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# **BIOGRAPHY:**

Please write a brief biography about yourself for use by the judges and in the program. If chosen Ms. Wheelchair Alabama, your biography will be used in press releases throughout your reign. Please limit your biography to **100 words or less**. When writing your biography please write in third person. Things to mention are: Where you live, age, reason for wheelchair use, family/husband/kids, job, education, hobbies, and things you are involved with, achievements, and/or overall who you are. Use the back of this page if needed or attach additional sheets.

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**ENTRY FEE:**

Contestants are responsible for paying or fundraising the pageant entry fee totaling **$300.** *Entry Fee will increase to* ***$350 December 1st***. You can obtain sponsorships not only for money, but for makeup, dress, hair, transportation, and other related items. Be creative. Keep a list of all sponsors that helped you with full contact information.

**ADDITIONAL INFORMATION:**

* The sooner you get your application in the better. It will give you more time to prepare and complete the preliminary tasks assigned in your welcome packet.
* Public speaking is an extremely important part of being Ms. Wheelchair Alabama.
* For the program, you will need to present one (1) prepared speech, the speech is to be **No More than 2 minutes in length.** This is your chance to educate the audience and judges; your platform should be a disability issue you feel passionate about and you should feel comfortable talking about it.
* Once your application is accepted and the Fee is received you will receive a welcome packet with your schedule, attire requirements, accommodation & companion form that must be returned to us asap, and other helpful information.
* Formal Wear will be required for the on-stage portion and the crowning gala. You will be given time to change.
* Contestants will be judged on their performance in private interviews with the judges, a 2-minute platform speech, and an on-stage extemporaneous question session and misc criteria while attending workshops and community events on Friday.
* Contestants may bring one (1) person to serve as their personal care attendant. They will **share** your hotel room. Some meals will be included but not all. **All contestants must be checked in by 6PM on Thursday, January 23. More info to follow once app is submitted.**
* Family, friends, sponsors, and the general public are welcome at the crowning gala but will need to purchase a ticket. Tickets are available in advance (purchase online at www.mwa-alabama.org). Tickets will also be available at the door for purchase. (debit/credit & cash only, no checks). If hotel needs to be booked for friends & family, we have a special rate and online link that can be used to book that. It will appear on the ticket confirmation page once they have purchased their tickets. (contestant & care person hotel is covered by the entry fee and will already be reserved for you.)
* **People’s Choice Award**: This is awarded to the contestant that gets the most votes from her family, friends, and community. You can let your family and friends know that they can prepare to vote on Jan 25. This will be on the day of crowning. Voting will be $1 and people may vote as many times as they choose. PayPal will be accepted online and at the Gala. Watch the Facebook page for how to vote on January 25.
* Please list your social media page links below:

**Facebook Page**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instagram:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Twitter:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION:**

* 2 Head Shots in color (you can email this to mwa.alabama@gmail.com, it must be in .png, .jpeg, or .gif format). Hardcopies will not be returned. This can be emailed
* List of Sponsors (please include Company Name, Contact Person, Phone, email, mailing address so we can properly thank them and keep record for IRS purposes.
* Ticket Order Form & Payment for friends and family attending the crowning. Tickets will be available at the door and online at [www.mwa-alabama.org](http://www.mwa-alabama.org)

**Mailing Instructions:**

***Mail your completed packet with all fees to:***

**Ms. Wheelchair Alabama America Inc.**

**c/o Robin Drolet, VP**

**1170 Pointclear Place #1712**

**Huntsville, AL 35824**

***We are not responsible for applications delayed or lost in the mail. We suggest getting a tracking number or delivery confirmation on the mail piece.***

**EMAIL and PayPal Instructions: Must be received by January 15, 2020**

* Entry Fees can be paid electronically by PAYPAL, Venmo, or Cash App.
* Certified Checks will be accepted, make them out to Ms. Wheelchair Alabama America Inc.
* Email your application, head shots, ticket orders, and sponsor list to [coordinator@mwa-alabama.org](mailto:coordinator@mwa-alabama.org)

**If your payment & application is not received or emailed by December 20th, your application will not be reviewed for acceptance.**

**Questions:**

**Contact Joanne Pearson, State Coordinator @ 256-368-7673,** [coordinator@mwa-alabama.org](mailto:coordinator@mwa-alabama.org)

**Sponsor List:** Please list any sponsor you wish to be listed in the program with full contact information. Use extra page if needed.

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**Liability & Information Release**

I hereby certify that the information provided in this application is true and correct to the best of my knowledge, information, and belief. I hereby give my permission to Ms. Wheelchair Alabama America Inc. to use the information provided in this application in their publications and social media for the program and in any other publications regarding the program. I give permission for photo, video, television broadcast, and audio recording(s) of my participation in the Ms. Wheelchair Alabama America Competition. I further give permission to Ms. Wheelchair Alabama America Inc. to use these photo, video, television broadcasts, and audio recording(s) in future promotion of the program. In addition, I release Ms. Wheelchair Alabama America Inc. from any and all liabilities while participating in the State Competition.

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Applicant’s Signature Date

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Applicant’s Printed Name

For Office Use, Only

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Date Received Amount Paid Date Headshots Received

2020 Ms. Wheelchair Alabama America Competition

Ticket Order Form

**Crowning Gala: January 25, 2020**

* **Tickets will be available at the door**
* **Pre-purchased tickets will be available for pick up**

**at the WELCOME/CHECK IN table**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Description** | **Qty** | **Price** | **Subtotal** |
|  | VIP Tickets for Gala  (includes: 1 Swag Bag, 1 program) |  | 25.00 |  |
|  | Standard Ticket for Gala |  | 10.00 |  |
|  | Programs |  | 2.00 |  |

**Special Notes/accommodations**

Subtotal \_\_\_\_\_\_\_\_\_\_\_

Handling Fee \_\_\_$ 1.00\_\_

Grand Total \_\_\_\_\_\_\_\_\_\_\_

Payment Information:

🞏 Master Card 🞏 PayPal to [paypal.me/mwaAlabama](https://www.paypal.com/paypalme/my/profile)

🞏 Visa

🞏 Discover

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Card Number Exp Date CVV (back of card)

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Name on Card Billing Zip Code

*(keep in mind we are a nonprofit and all money raised is used for competitions, scholarships, grants and operating expenses)*