

ALPHA KAPPA ALPHA SORORITY, INCORPORATED®  
RHO CHI OMEGA CHAPTER

ANGEL PAGEANT REGISTRATION FORM

*Registration Deadline: February 1, 2020.*

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

Angel's Name \_\_\_\_\_  
  First  Middle  Last

Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Angel's Food Allergies \_\_\_\_\_

Parent's Name \_\_\_\_\_  
*(This will be printed in the souvenir book.)*

Address \_\_\_\_\_

*Texting and email will be used to communicate with parents.*

Mother Telephone #: (h) \_\_\_\_\_ (c) \_\_\_\_\_

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

Father Telephone#: (h) \_\_\_\_\_ (c) \_\_\_\_\_

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

**Pageant Presentation Information:** *Please complete page two. This will be used during her pageant presentation.*

Sponsored by: \_\_\_\_\_  
*(This will be printed in the souvenir book.)*

**Sponsor Fee:** \$130.00 - per Angel *(Make check payable to Rho Chi Omega)*  
*Online payment received at [www.aka-rco.org/angel-pageant](http://www.aka-rco.org/angel-pageant) plus processing fees.*

Circle T-Shirt: Youth Size: YS    YM    YL    Adult Size:    S    M    L    XL

Parent's Signature \_\_\_\_\_

FOR SORORITY USE ONLY

Date Paid: \_\_\_\_\_ Category: \_\_\_\_\_ Payment Type: \_\_\_\_\_

Received by: \_\_\_\_\_ Receipt#: \_\_\_\_\_

**Angel's Name** \_\_\_\_\_  
*First Middle Last*

**Pageant Presentation Information. This will be used during her pageant presentation.**

**Hobbies or Special Interests**

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**Extra Curricular Activities:**

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**Church Affiliation and Organizations:**

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**Community Organizations/Service:**

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**Awards, Medals, Honors, etc.:**

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**Future Goals:**

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