



Imperial Court de Forth Worth / Arlington
 Membership Form For Reign XXXII
 Shadowed Lands & Glittered Ballrooms



Given Name: _____ Date: _____
 Stage Name: _____ Phone: _____
 Street Address: _____ City: _____ Zip: _____
 Date Of Birth: _____ E-Mail Address: _____

Would you like the above information included in the Court Roster? Yes____ No____
 Would you like to be added to our Yahoo Group & receive e-mail? Yes____ No____

Amount of participation:

- ____ I plan on being in attendance for 0 – 25% of the events
- ____ I plan on being in attendance for 25 – 50% of the events
- ____ I plan on being an Active Member for 50 – 75% of the events per month
- ____ I plan on being an Active Member for 75 – 100% of the events per month

I prefer to be on the ____Male ____Female side of the line this year.

Would you like to perform on stage? Yes____ No____

Would you accept a position on the Line Of Succession? Yes____ No____

Which title would you consider having and why?

Please check any additional activities that you would like to assist with:

- ____ Care Team
- ____ Production Number Planning (ie... choreography, music)
- ____ Spotlight for shows / events
- ____ Buffet for shows / events
- ____ Pageant assistant

ALL TITLES ARE AT THE DISCRETION OF THEIR MAJESTIES

Signature: _____ Date: _____

This Section for Their Majesties Use Only
 Title Given To This Person: