

# \*SIGN-IN: COMMUNITY GUESTS, FRIENDS, AND FAMILY

<b>EVENT:</b>		<b>DATE:</b>	
<b>COMMITTEE:</b>		<b>LOCATION:</b>	

NAME (Please Print)	E-MAIL	PHONE CONTACT
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**\*I understand that the activity sponsored by Columbus (GA) Alumnae Chapter of Delta Sigma Theta Sorority, Inc. is a public event which may be documented in photographs, videos, local media, websites, and other publications. I give my permission for the use of my image captured therein for the purposes deemed necessary by Columbus (GA) Alumnae Chapter of Delta Sigma Theta Sorority, Inc. without recourse or compensation.**