



roseoftralee
washington, district of columbia

Name _____
(Please supply proof of age such as a photocopy of a driver's license or birth certificate)

Address _____

Home Phone _____ School/Work _____

Birthday _____ Place of Birth _____

Father's Name _____ Mother's Maiden Name _____

Siblings (Names and Ages) _____

Irish Surnames in Your Family _____

Where in Ireland are Your Relatives From? _____

Have You Entered a Rose Selection Before, or are You Currently Entered with Another Centre?
If Yes, Explain? _____

High School Attended/Year of Graduation _____

College(s) Attended/Year of Graduation(s) _____

Other Schools _____

What Organizations do You Belong To? _____

Present Occupation _____

Sponsor _____

Party Piece _____

If I am selected to be the "Washington Rose," I agree to attend all functions required of me and to uphold all commitments.

SIGNATURE _____ DATE _____

- Candidates Must Be Legally in The U.S.A., 18-28 Years of Age, and Never Married.
- Candidates must be available for the Washington, DC Selection events June 4-6, 2010 and if selected as the 2010 Washington, DC Rose, must be available for the Mid-Atlantic Selection events June 25-26, 2010.

Please Enclose with this Application:

- \$300 non-refundable sponsorship fee – Checks Made Payable to:
WASHINGTON, D.C., ROSE OF TRALEE

- A One Page Essay on Why You Would Like to Be the Washington Rose
- 4X6 Photograph – HEAD AND SHOULDERS ONLY, also to be submitted electronically in jpeg format

Please E-MAIL Application washingtondcrose@gmail.com and MAIL Application Packet **BY April 30th**
TO: Washington DC Rose of Tralee, Kate Riley 355 I Street, SW #409-S Washington, DC 20024