

DR. WILLIAM U. PEARSON
COMMUNITY CENTER

BLACK HISTORY LEGACY BOWL

Saturday, February 26, 2011 | Pearson Community Center | 12:00 p.m. – 5:00 p.m.

MIND CHALLENGE REGISTRATION FORM

Personal Information

Last: _____ First: _____ M.I.: _____

Address: _____ Apt./Ste.: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

DOB: _____ Ethnic Group (optional): _____ Gender: Female Male

School Information

School Name: _____ Grade: _____

Counselor/Principal/Dean: _____

Emergency Contact Information

Last: _____ First: _____ M.I.: _____

Check box if address is same as above; if not please fill out information below.

Address: _____ Apt./Ste.: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Relationship: _____ Gender: Female Male

Contact: TK Jackson-Roberts, troberts@lvul.org, 702-455-1231

Mail Attn to: Dr. William U. Pearson Community Center | BHLB 2011
1625 West Carey Avenue | North Las Vegas, Nevada 89032

We're counting on your support, and will be happy to answer any questions you may have.
Please return your commitment form by **Monday, February 7, 2011.**