



### PARTICIPANT INFORMATION

Child Name:

Current School:

Grade:

Counselor:

School Address:

City:

State:

Zip Code:

### PARENT INFORMATION

Parent/Guardian:

Cellular Phone:

Home Phone:

Email Address:

Address:

City:

State:

Zip Code:

### IF REGISTERED THROUGH ORGANIZATION

Organization Point of Contact:

Position:

Phone:

Email:

Address:

City:

State:

Zip Code:



State Representative • PLBC Chairwoman  
**Vanessa Lowery Brown**

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