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ADULT ATTENDEE OR PARENT/ LEGAL GUARDIAN

SECOND PARENT/ LEGAL GUARDIAN

MINOR'S SIGNATURE (if 14 or older)

MINOR'S NAME

MINOR'S DATE OF BIRTH

ADDRESS

CITY, STATE ZIP CODE

TODAY'S DATE

ATTENDING WITH AN ORGANIZATION: _____ YES _____ NO

IF YES, NAME OF ORGANIZATION: _____

Please send this form to info@massblacklawyers.org no later than October 23, 2015.