



# COVID-19 PRE-REGISTRATION FORM

SATURDAY, JUNE 5, 2021

8 - 11 AM | 3314 detonte St. Dallas, TX 75223

1. First Name

*Primer Nombre* \_\_\_\_\_

2. Last Name

*Apellido* \_\_\_\_\_

3. Street Address

*Direccion* \_\_\_\_\_

4. County of Residence

*Condado donde reside* \_\_\_\_\_

5. City

*Cuidad* \_\_\_\_\_

6. Zip Code

*Co'digo Postal* \_\_\_\_\_

7. Primary Phone Number

*Nu'mero de telefono primario* \_\_\_\_\_

8. Date of Birth

*Fecha de Nacimiento* \_\_\_\_\_

9. Email Address

*Correo electronico* \_\_\_\_\_

10. Gender/Sex

*Gnera/Sexo* \_\_\_\_\_

11. Race

*Raza* \_\_\_\_\_

If you have questions, please Call 972.460.6316 or Email to [info@empoweringthemas.org](mailto:info@empoweringthemas.org)