Boston Pearl Foundation, Inc.
and
Alpha Kappa Alpha Sorority, Incorporated
Psi Omega Chapter

Escort Information Form

Debutante: _____

Escort: _____
First *Middle* *Last*

Address: _____
Street *City* *State* *Zip Code*

(_____) (_____)
Telephone Number *Cell Phone Number*

Email Address: _____

Attends: _____ *High School* ***or*** *College*

Classification: ___ Senior ___Junior ___Sophomore

Aspirations: _____

Son of:
Check appropriate title: (__ Mr., __Mrs., __Miss, __Ms., __Master, __Rev., __Dr., __Colonel, __Other).

Commitment Fee $100.00
Make check payable to The Boston Pearl Foundation, Incorporated and mail check, money order, or cashier's check by **Saturday, January 31, 2022** to:

The Boston Pearl Foundation, Incorporated
Attention: LaRonica Lightfoot
P.O. Box 191543, Roxbury Station
Boston, MA 02119