



PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

Miss PVAMU Reunion Registration Form

Name: _____

Address: _____

Email: _____

Phone Number: _____

Shirt Size: _____

Special Dietary Needs: _____

Other special needs: _____

Make Miss PVAMU Reunion Participation Fee payable to:

Miss PVAMU Reunion

Send Miss PVAMU Reunion registration form and participation fee to the following address:

**Prairie View A&M University
Office of Student Activities & Leadership
P.O. Box 519, MS 1020
Prairie View, Texas 77446**