Student and Parent/Family Reservation Form
Freshman Orientation 2010

Total Amt.	$
Type of Payment	
Receipt No.	
Initials	

Student Information ($135)

Name: _____

S.S#: _____-_____-_____ or SID: _____-_____-_____

Mailing Address:_____

City: _____ State:_____ Zip:_____ Telephone: _____

Email: _____ Gender: Male _____ Female _____ **$_____**

Orientation Choice *Please select a first and second choice. A late fee of $10 will be added after date in parentheses.*

_____ Session 1: June 10-11 (May 27th)
_____ Session 2: June 17-18 (June 3rd)
_____ Session 3: June 24-25 (June 10th)
_____ Session 4: July 22-23 (July 8th)
_____ Session 5: July 29-30 (July 15th)
_____ Session 6: August 5-6 (July 23rd)

Billing Address ☐ Check here if billing address and mailing address are the same

Name:_____

Mailing Address:_____

City:_____ State:_____ Zip:_____

Family Information

Family Member Name: _____ Family Member Name: _____

I am staying: Off Campus_____($70.00 per parent) On Campus ____($90.00 per parent)

Children (4-18) _____ ($30) Children (0-4) _____ ($0) **$_____**

Sibling Orientation *9th – 12th Grade Only, $25 Sibling Orientation fee + $30 Children fee*

Name:_____ Grade Level: _____

Gender: Male _____ Female _____ T-shirt size: _____ **$_____**

Form of Payment

_____ Credit Card Information

Card Type: _____ Name on Card: _____

Card Number:_____ Exp. Date:_____ V-Code:_____

_____ Check
Check No. _____

_____ Cash **Total: $_____**