



Sign Up Information

Event Name: _____

Name: _____

H or Cell Phone: _____

Address: _____

W or Cell Phone: _____

City, State Zip: _____

Email Address: _____

I am a New Member Dbl Room _____ Quad Room _____

Roommate Preferences: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

THIS FORM IS TO BE COMPLETED AND GIVEN TO THE TRIP CHAIRPERSON(S) WHEN SIGNING UP FOR A MULTI-DAY EVENT

Rev 2c, 06/2008, A. Moore/J.Coursolle

Form UC011



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