

SPSU JOURNEY 2008

TRANSFER/NON-TRADITIONAL STUDENT RESERVATION

•• Please Make Check Payable to: SPSU Journey ••
 •• Questions? Call (678) 915-5549
 or email journey@spsu.edu ••

Name _____
Last (PLEASE TYPE OR PRINT CLEARLY) First Middle First name preferred on nametag

Home Address _____
Street City State Zip Code

Home Telephone # _____ Email _____

Name of Emergency Contact _____ Telephone # of Emergency Contact _____

Gender (circle one): Male Female Soc. Sec. # _____ Date of Birth _____

School from which you are transferring _____

Intended major at SPSU _____

List any special assistance (i.e. ramp) needed. Are you allergic to any drugs or is there anything you feel is important for us to know should you require medical assistance? Do you have any special meal requirements?

JOURNEY DATES

Please rank your preference with "1" as your first choice to attend. Every effort will be made to accommodate your first choice.

- Session T-1 _____ **June 26, 2008 (beginning at 8am)**
- Session T-2 _____ **June 26, 2008 (beginning at 12pm)**
- Session T-3 _____ **July 23, 2008 (beginning at 8am)**
- Session T-4 _____ **July 23, 2008 (beginning at 12pm)**
- Session T-5 _____ **August 14, 2008 (beginning at 8am)**
- Session T-6 _____ **August 14, 2008 (beginning at 12pm)**

PARENT/SPOUSE/GUEST REGISTRATION

Students are welcome to bring a parent(s), spouse, or guest to JOURNEY. Each guest is \$10. Please note the number of guests under "Payment" and neatly write their name(s) on the line below:

PAYMENT

Please pay by check or money order, payable to "SPSU JOURNEY". Please do not send cash. Reservations received without proper payment will not be processed.

Student: \$25 \$ _____
 Parent/Spouse/Guest Registration # _____ @ \$10 each \$ _____
 TOTAL \$ _____

Student's Signature: _____ Date: _____

FOR OFFICE USE ONLY
 Date received _____ F.O.P. _____ Confirmation sent _____ Data entry _____