CAMPUS TOUR SIGN UP FORM

Tour Details

What is your preferred tour date?					
			_		
How many guests will accompany you?					
What is your planned program of study?					
			1		
Are you planning to join any athletic programs?					
If any special accommodations are required, such as accessibility, please describe below:					
Student Information					
First Name		Last Name		Current Grade Level	
Home Phone Number		Email Address		Contact Preference	
	- Address Ch. Ch.				
Street Address	City		State		Zip Code
By submitting this form, I acknowledge that I am signing up for a campus tour. I consent to					
receive communication regarding this tour via the provided email address and phone number.					
	J	Ü	•		'
Signature Date:		Signature:			
oig.iataic batci			Jigilatai C.		