

sb10 registration

Please fill out the following information and turn in this sheet when signing up for a Spring break trip.

FULL LEGAL NAME (first, middle last):

_____ **MALE**

_____ **FEMALE**

EMAIL: _____

PHONE: _____

CAMPUS ADDRESS:

BIRTHDATE: ____ / ____ / ____

WILL YOU BE 21 BY SB10? _____

T-SHIRT SIZE: S M L XL XXL
(circle one)

DO YOU HAVE HEALTH INSURANCE COVERAGE THROUGH MARCH 2010? _____

IF YOU ARE TRAVELING OUT OF THE COUNTRY, DO YOU HAVE A PASSPORT? _____

PLEASE READ, SIGN AND DATE BELOW.

By signing below, I acknowledge that I have read and understand the CM@GVSU Spring Break Cancellation & Refund Policy. I agree to follow the cancellation procedures should the occasion be necessary.

SIGN

DATE

POINT LEADER USE ONLY:

TRIP: _____

OFFICE USE ONLY:

DATE: _____ *INITIALS:* _____