

REGISTRATION FORM



National Hampton Alumni Association-Philadelphia Chapter
"12th Annual Overnight HBCU College Tour"



Hampton University & Howard University & Morgan State University
Friday, October 15th – Saturday, October 16th, 2010

Please print and complete the entire form. It is requested that students who are not at least sophomores attending this college tour are accompanied by a parent/guardian. All students requesting to attend the college tour, which is an educational experience, must submit one letter of recommendation with this registration form from a Teacher, Counselor or School Administrator on school letterhead.

Participating Student's Name: _____

Address: _____

City: _____ **State:** _____ **zip:** _____

Telephone: _____ **E-Mail Address:** _____

Age: _____ **Gender:** _____ **Grade:** _____

School Name: _____

To guarantee roommate selection(s) of your choice please mail payments together.

Roommates' Name(s):

#1 (Double \$182.00 per person) _____

2 (Triple \$167.00 per person) _____

3 (Quad \$157.00 per person) _____

I give permission for my child to attend the overnight college tour sponsored by the National Hampton University Alumni Association-Philadelphia Chapter. Should my child require medical attention I authorize the National Hampton Alumni Association-Philadelphia Chapter chaperons to seek medical attention with the understanding that the parent/guardian be contacted immediately following such incident. I acknowledge I or my child is responsible for any and all medical bills that could incur from such treatment and hold the National Hampton Alumni Association-Philadelphia Chapter harmless from any incidents that may occur during this supervised tour.

Parent(s)/Guardian(s) Name: _____

Emergency Number: _____

Parent's Signature: _____

Date of parent's signature: _____

MEDICATIONS CURRENTLY TAKING/ANY NOTED CONDITIONS WE NEED TO BE AWARE OF:

All non-refundable money orders or certified checks are to be made payable to Hampton Alumni-Philadelphia Chapter by September 15, 2010.

Should you have any questions, please contact:

Barbara McMillian, 215-450-5157, bcmillianaka@yahoo.com

Linda Keels, 215-877-9238, lakeels@verizon.net

Please forward payment, letter of recommendation and registration form to: National Hampton Alumni Association-Philadelphia Chapter

P.O. Box 462, Ardmore, PA 19003-0462

- *All attendees/parent(s) are required to participate in an information session prior to the tour. All students must submit a picture ID during the information session.*

Please do not write below this line

Date Rec'd: _____ *Amount:* _____

Money Order/Certified Check#: _____

Count: _____