



# PARENT & FAMILY WEEKEND 2009

October 9-11

The breakfast is now **FULL**. The reduced fee is for all other activities, events, coupons, and other goodies.

**COST: Received by 10/2/2009**

Fax to:

Sonoma State University  
 Orientation & Family Programs  
 Fax: (707) 664-4411

**Primary guest = \$20**  
**Additional adult = \$20 each**  
**Guest ages 4-12 years = \$20 each**  
**Guest ages 0-3 years = FREE**

**Cancellation Policy:** Please contact Orientation & Family Programs at (707) 664-4464 or [orientation@sonoma.edu](mailto:orientation@sonoma.edu) if you need to cancel your registration. **There will be no refunds issued after September 28, 2009.**

### PRIMARY GUEST INFORMATION

Name of primary guest (list additional guests in space provided below): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### SSU STUDENT INFORMATION

Name of your SSU student: \_\_\_\_\_ Student's ID number: \_\_\_\_\_

Student's local address: \_\_\_\_\_

Student's local phone: \_\_\_\_\_

### ADDITIONAL GUEST INFORMATION

Number of additional guests attending: \_\_\_\_\_

Name(s) of others attending:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please check the appropriate box for each additional guest:

- Adult  Child (4-12 years)  Child (0-3 years)
- Adult  Child (4-12 years)  Child (0-3 years)
- Adult  Child (4-12 years)  Child (0-3 years)
- Adult  Child (4-12 years)  Child (0-3 years)
- Adult  Child (4-12 years)  Child (0-3 years)

First family member attending: \$20

Additional family members attending: \_\_\_\_\_ x \$20 = \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

Method of payment:

Check: Please enclose your personal check made out to "SSU Parent and Family Weekend"

Credit Card: Please fill out the information below

Visa

Discover

MasterCard

American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name (as it appears on card): \_\_\_\_\_

Signature: \_\_\_\_\_

*Thank you!*

ORIENTATION OFFICE USE ONLY

Date Received: \_\_\_\_\_

Amount OK: \_\_\_\_\_

Processed: \_\_\_\_\_

Confirmation Letter: \_\_\_\_\_