

**DARTMOUTH CLASS OF 2011
SOPHOMORE WEEKEND REGISTRATION FORM**

Name of your '11: _____

Family Contact Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Primary Phone: _____ Alternate Phone: _____

E-mail: Will be used to confirm receipt of registration materials. Email: _____

If you do not have an e-mail address we will contact you by phone.

Preferred: Early Registration (prior to July 8th):

Number of attendees age 13 or older (**excluding your '11**): _____ at a fee of \$35 each =

\$

Number of attendees age 12 or younger: _____ at a fee of \$15 each =

\$

Registration (after July 8th or On-Site):

Number of attendees age 13 or older (**excluding your '11**): _____ at a fee of \$45 each =

\$

Number of attendees age 12 or younger: _____ at a fee of \$25 each =

\$

Optional:

- Optional contribution to Family Weekend Scholarship Fund =
(Helps support families who need financial assistance to attend Family Weekend)

\$

If you need financial assistance, please contact Kimberly Hanchett at 603-646-2980

Registration Fees + Optionals Total =

Please make checks payable to "Dartmouth College"

\$

Registrations received by July 8th,
will receive a confirmation email or phone call by July 15th.
No Refund requests will be accepted after July 10th

Mail Registration Form to:
**Sophomore Family Weekend
6135 Collis Center, Room 217
Hanover, NH 03755**

If you have any questions please contact the Student Life Office
via e-mail: Family.Weekends@Dartmouth.edu or call 603.646.2980

For information updates visit: www.dartmouth.edu/~sao/events/family

For information on access for people with disabilities, please call 603.646.2980.

Registration Packet pickup is Friday Noon-8pm and Saturday 8am-Noon at the Collis Center.

If you will be arriving late, your '11 may pick up your registration packet for you.