

## COLLEGE TOUR REGISTRATION FORM

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

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Student Email Address \_\_\_\_\_ Student Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

Parent Email Address \_\_\_\_\_

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

Parent Email Address: \_\_\_\_\_

Deposit Amount: \_\_\_\_\_ Payment Type \_\_\_\_\_

**Cash or check**

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**For Office Use Only**

Date	Amount Paid	Payment Type	Balance Due

**Roommate Request: Name**

Roommate 1 \_\_\_\_\_

Roommate 2 \_\_\_\_\_

Roommate 3 \_\_\_\_\_

Roommate 4 \_\_\_\_\_

**Room Assignment (For Office Use Only)**

Roommate 1 \_\_\_\_\_

Roommate 2 \_\_\_\_\_

Roommate 3 \_\_\_\_\_

Roommate 4 \_\_\_\_\_