

# RESERVATION FORM FOR COLLEGE UP CLOSE TRIP

Office use only
DT _____
CL _____
WL _____
CK / MO / CC _____
CK# _____

Dates you will be coming for College Up Close: \_\_\_\_\_

Method of travel:  BJU motor coach  BJU commercial airline flight  other transportation

In what city will you meet the BJU motor coach (if applicable)? \_\_\_\_\_

Please list the name(s) of your parent(s) who will be accompanying you on this trip: \_\_\_\_\_

**Student's name**  Mr.  Miss \_\_\_\_\_  
FIRST MIDDLE LAST NAME YOU GO BY

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

Email \_\_\_\_\_ Church you attend \_\_\_\_\_

High school \_\_\_\_\_ Grade in school \_\_\_\_\_

Date of birth / / \_\_\_\_\_

What do you plan to study in college? \_\_\_\_\_

Do you have any family members who are currently students at BJU? If so, please list name(s) and relationship(s) to you below; we will use this information to let them know about your visit and your schedule.

Full name \_\_\_\_\_ Relationship \_\_\_\_\_

Full name \_\_\_\_\_ Relationship \_\_\_\_\_

Full name \_\_\_\_\_ Relationship \_\_\_\_\_

**Room requests** must be made one week before the event. *I would like to room near a BJU student or a friend coming on the trip:*

**Trip participants** must agree to remain on campus and under the authority of the university host.

**Payment:** Total for student (and parent(s) if applicable) \$ \_\_\_\_\_

In order to guarantee my reservation, I am paying by:

Check or Money Order enclosed (payable to BJU)  Discover  VISA  MasterCard

Card # \_\_\_\_\_ Exp. date \_\_\_\_\_ Security Code \_\_\_\_\_

Name as printed on card \_\_\_\_\_

Signature \_\_\_\_\_

**Medical release:** *I authorize Bob Jones University to act for me according to its best judgment in any emergency requiring medical attention. I understand that BJU is not responsible for any expense incurred because of any injury or illness.*

**Student's name**  Mr.  Miss \_\_\_\_\_  
FIRST MIDDLE LAST NAME HE/SHE GOES BY

Parent's or legal guardian's signature: \_\_\_\_\_

Parent's or legal guardian's name (please print): \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Work phone ( ) \_\_\_\_\_

Cell phone ( ) \_\_\_\_\_

Please list any medical conditions: \_\_\_\_\_

Please fill this form out completely and return to **Welcome Center, BJU, Greenville, SC 29614-0001** or fax to **864-770-1376**.