

All-Arts & Sciences Camp Summer Getaway 2009

The Best of Italy

(Please fill out a form for each travelor)

Name: _____
First Last Mi. Goes by

Date of Birth: ____/____/____ Male Female

Home Phone (____) _____

Home Mailing Address: _____
City State Zip

Name of Parent/Guardian _____

Home Phone (____) _____ Work Phone (____) _____

Is anyone traveling with you on this trip? No Yes-Name(s) _____

T-Shirt Size: Adult Small Adult Medium Adult Large Adult X-Large

Amount Enclosed: \$_____ (Please make check payable to UNCG or charge to VISA or MasterCard)

VISA Card # _____ Exp. Date _____

MasterCard Cardholder Name (print) _____

Cardholder Signature _____

Cardholder Address _____

Complete this application form and mail it along with your \$400 deposit to: All-Arts & Sciences Camp
Summer Getaway
UNCG Division of Continual Learning
PO Box 26402
Greensboro, NC 27402-6170



THE UNIVERSITY of NORTH CAROLINA
GREENSBORO
Division of Continual Learning