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Appendix A: _____
(Name of event, project, and/or location)

Date Signature

CONTACT INFORMATION

Phone Printed Name

Email Address Street Address

City, State, Zip

If 18 years of age or younger, signature of parent/guardian: _____

Printed name of parent/guardian: _____

FACULTY/STAFF

College

Department

Title

Gender: Male ☐ Female ☐

STUDENTS

Hometown

College

Major

Class: FR ☐ SOPH ☐ JR ☐ SR ☐ GRAD STUDENT ☐ VISITOR ☐

Gender: Male ☐ Female ☐

Student Organizations: _____

PLEASE PRINT LAST NAME WITH MARKER IN THIS SPACE