



New Student Orientation Family Program

NOTE: If you have not yet registered online for our Family Program please do so by completing this form in its entirety and mailing to the address noted below at least one week prior to the requested orientation session.

Select the student's orientation session you will be attending:

- June 23rd -24th
- June 26th -27th
- August 19th - 20th

Would you like to stay on campus in residential housing? **(Available in June only)**

- Yes
- No

Student's Name **(Last, First)**

Student's ID # (988...)

<p>_____ #1 Family Member Name (Last, First)</p> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>_____ Address</p> <p>_____ City, State & Zip Code () ()</p> <p>_____ Home Phone Work Phone</p> <p>_____ Email address for confirmation</p>	Please print	<p>_____ #2 Family Member Name (Last, First)</p> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>_____ Address (if different)</p> <p>_____ City, State & Zip Code (if different from Family member #1) () ()</p> <p>_____ Home Phone (if different) Work Phone</p> <p>_____ Email address for confirmation (If different)</p>
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Please see reverse side of this form for additional family members registering. We highly discourage family members under the age of 15 from attending due to planned activities.

Cost for each family member attending orientation is \$170.00; please include payment in the form of check or money order with this registration form and mail to:

**University of the Pacific
Office of New Student & Family Programs
McCaffrey Center 2nd Floor
3601 Pacific Ave.
Stockton, CA 95211**

Refund requests received after May 1st 2009 will not be processed

<hr/> #3 Family Member Name (Last, First)	<hr/> #4 Family Member Name (Last, First)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<hr/> Address (if different)	<hr/> Address (if different)
<hr/> City, State & Zip Code (if different) () ()	<hr/> City, State & Zip Code (if different) () ()
<hr/> Home Phone (if different) Work Phone (if applicable)	<hr/> Home Phone (if different) Work Phone (if applicable)
<hr/> Email address for confirmation (If different)	<hr/> Email address for confirmation (If different)

Office Use Only:				
<hr/> Date Received	<hr/> Date Entered	<hr/> Payment Received	<hr/> Session	<hr/> S. Last Initial