

SOAR @ ASU

2008 Registration

ASU ID # _____

NAME _____ PHONE _____
Last First Middle

Mailing Address: _____
P.O. Box /Street City State Zip

E-MAIL ADDRESS (please print clearly) _____

NAME FOR NAME TAG _____ SEX _____ MAJOR _____

Check one: New Student (First time attending college includes concurrent credit earned in high school.) Transfer Student

Please indicate your preference of sessions by indicating 1, 2, 3, etc. (1 being your first choice of dates)

June 6-7 June 27-28 July 18-19 August 1-2 June 28 (SOAR EXPRESS)

(Note: Registration Deadline is two weeks prior to your selected date.)

Name(s) of Parent (s) and/or Guest(s) who will be attending SOAR with you:

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

COST: Student Registration for two-day SOAR Program (\$25.00)..... \$ _____
Student Registration for SOAR EXPRESS on June 28 (\$20.00)..... \$ _____
Parent/Guest Registration for two-day SOAR Program (\$10.00 each)..... \$ _____

TOTAL REGISTRATION FEE ENCLOSED..... \$ _____

Payment Options:

(1) Checks or money orders, made payable to Angelo State University

2) Charge to your Visa or MasterCard:

Cardholder Name: _____ VISA MasterCard

Card Number: _____ Expiration Date: _____ Amount to be Charged: \$ _____

Signature: _____ Date: _____

HOUSING:

On-campus housing accommodations will be available at a cost of \$20.00 per person and will be collected upon your arrival at the residence hall. Please do not send your housing fee with your SOAR registration fee.

Total number of persons (students, parents, guests) requesting housing for SOAR.....

MAILING:

Complete this registration form, include the appropriate payment or credit card information, and mail to:
SOAR @ ASU, ASU Station #11045, San Angelo, TX 76909-1045

OFFICE USE ONLY: Received: _____ Confirmed: _____ Receipt # _____ Session: _____

The information you have supplied on this form is maintained by the University. You have the right to review and correct this information by contacting the Student Life Office