

FAMILY Weekend Registration

Complete this card and return it by October 1.

Name(s) _____

Address _____

City/State/Zip _____

Daytime Phone _____

Home Phone _____

Union Student Name(s) _____

Registration Fees

- \$20/adult
- \$10/children (13 & under)

___ Enclosed is a check for \$_____.

___ Charge \$_____ to my ___ VISA or ___ MC.

Card # _____ Expiration _____

Signature _____

Events

Please mark the activities that you plan to attend.

Friday

- ___ Chapel
- ___ Lunch in the Cafeteria
- ___ 1:15 – 2:45 p.m. Workshop (please indicate choice _____)
- ___ 3 – 4:30 p.m. Workshop (please indicate choice _____)
- ___ Dinner Theatre
- ___ Soccer Game

Saturday

- ___ President's Brunch
- ___ FREE Soccer Clinic for ages 7-18 (please indicate how many children will be attending _____)
- ___ Variety Show

Return by October 1 to:

Family Weekend 2000

Union University

1050 Union University Drive

Jackson, TN 38305-3697

Fax 901.661.5175

The complete registration fee includes all meals on schedule, tickets for the soccer games, dinner theatre, and Variety Show. Passes to all of the Wellness facilities will be available at Registration.

Direct questions about Family Weekend 2000 to:

Ms. Holly Spann

Director of Wellness and

Student Programs

(901) 661-5285

