

Registration is \$15 per guest. No cost to current Peace College students.

Name of Peace Student(s): \_\_\_\_\_

Name of Guest/Sibling: \_\_\_\_\_ Name of Guest/Sibling: \_\_\_\_\_

**Please indicate the events you plan to attend:**

(Schedule on invitation or visit our website for more details)

- Sleeping on campus \_\_\_\_\_  
(All overnight male guests must be 10 years or younger)
- Friday, March 20 Check-In \_\_\_\_\_
- Friday Bowling Trip (\$5 per Peace Student or Sibling) \_\_\_\_\_
- Friday On Campus Activity \_\_\_\_\_
- Saturday, March 21 Check-In \_\_\_\_\_
- Saturday Tailgate Lunch and Softball Game \_\_\_\_\_
- Saturday Movie Night Out \_\_\_\_\_
- Saturday Arcade Night In \_\_\_\_\_
- Sunday Chapel \_\_\_\_\_
- Sunday Lunch \_\_\_\_\_
- Sunday Marbles Kids Museum (Siblings Under 13, Explore) \_\_\_\_\_
- Sunday Marbles Kids Museum (Siblings Over 13, Volunteer) \_\_\_\_\_

**T-SHIRT SIZES (FREE)**

Student \_\_\_\_\_  
Sibling \_\_\_\_\_  
Sibling \_\_\_\_\_

**AMOUNT ENCLOSED:**

\$15 per guest \_\_\_\_\_

\$10 Bowling Trip \_\_\_\_\_

(Includes Bowling for student and one guest, add \$5 for each additional guest)

**TOTAL** \_\_\_\_\_

Please return this form with a check payable to:  
Peace College  
Attn: Cameron Hill  
15 East Peace Street  
Raleigh, NC 27604

Emergency contact information should be completed for ALL participants:

Name of Peace College student host: \_\_\_\_\_

Name of guest: \_\_\_\_\_ Age of guest: \_\_\_\_\_

Name of parent/guardian (to be contacted in case of an emergency): \_\_\_\_\_

Home address: \_\_\_\_\_

Preferred phone number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies and/or other medical conditions: \_\_\_\_\_

By completing this contact form, I understand that if an emergency situation arises, a Peace College representative will contact the person who is listed above.

Name of Peace College student host: \_\_\_\_\_

Name of guest: \_\_\_\_\_ Age of guest: \_\_\_\_\_

Name of parent/guardian (to be contacted in case of an emergency): \_\_\_\_\_

Home address: \_\_\_\_\_

Preferred phone number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies and/or other medical conditions: \_\_\_\_\_

By completing this contact form, I understand that if an emergency situation arises, a Peace College representative will contact the person who is listed above.