



REGISTRATION FORM

Return this page to:
Office of Women's Affairs, M/C 363, 802 University Hall
West Side Drop Off – Cheryl Pinotti, Suite 1500, Main Hospital

Registration: **Deadline is Friday, April 18th**

Fee: \$20.00 Please make checks payable to UIC.

No refunds after April 22nd.

Late registration fee: \$25.00

***Money must accompany registration form. No e-mailed or faxed registrations will be accepted.**

Sponsor's Name: _____

Department: _____

Campus phone # and Mail Code: _____

Girl's Name (Girls must be between ages 9-15):

Name & campus phone # of person picking up the girl:

****It is our policy that all participants must leave the event accompanied by their sponsor or an adult.***

Will sponsor be attending the morning program? ____Yes ____No

Did you attend last year? ____Yes ____No

Pre-registration required. Space is very limited.

Mark 1st, 2nd, and 3rd choices of activities

- | | |
|-----------------------------|----------------------------------|
| _____ UIC Police | _____ Theatre |
| _____ Mommy and Baby | _____ Dentistry |
| _____ Human Performance Lab | _____ Career Services |
| _____ Archaeology | _____ Library |
| _____ Physical Therapy | _____ Biochemistry |
| _____ Hull House | _____ Tiny Babies |
| _____ Chemical Engineering | _____ Online Safety |
| _____ ER | _____ Disability Resource Center |
| _____ Sick Kids | _____ Nutrition |
| _____ Radiology | |

- [] I would like to be a Chaperone and attend the tour site
- [] I would like to help with registration
- [] I **do not** give permission for any pictures taken at the event of the above-named girl to appear on the D@WD website