

SIGN-UP FORM FOR MONTGOMERY PLAY TRIP April 17-18, 2010

PLEASE PRINT LEGIBLY !!

Name _____ GHC ID # (for student/staff) _____

Home Phone # (____) _____ Work Phone # (____) _____

Cell Phone # (____) _____ E:Mail _____

Emergency Contact: Name/Relationship to you _____

Phone Number # _____

Gender: ____ Male ____ Female

Status: ____ student ____ faculty ____ staff ____ guest (if guest, guest of whom?) _____

Address (include zip code!): _____

Course # & instructor if you are asking for bonus credit: _____

On which campus do you attend classes? ____ Floyd ____ Cartersville ____ Heritage ____ Marietta ____ Douglas ____ Paulding

Choice of trip fee (based on motel lodging, per person, per room--all rooms have two double beds--no rollaways are available)

NOTE: No Coed Room arrangements, unless you are traveling with a spouse.

____ (single) \$170 ____ (double) \$125 ____ (triple) \$110 ____ (quadruple) \$100

Rooms will be non-smoking unless otherwise requested. Smoking room requested? ()yes ()no

Names of requested roommates: (each must fill out a separate sign-up form and pay \$50 deposit to hold space in the trip)

1. _____ 2. _____ 3. _____

If you don't request roommates by name or the roommates requested don't register for the trip, the OSL will assign roommates for you. Please understand that you may be responsible for the double occupancy rate (\$125) if additional roommates are unavailable.

_____ **Please check here if you have any disabilities which may require special arrangements.**

Please list accommodations needed throughout the trip: _____

NOTE: GHC campus policies on alcohol use apply to this trip, which means no one (student and non-students) of any age may use alcohol during the trip.

NOTE: ASF recommends Fall of the House for mature audiences due to language.

The \$50 deposit becomes non-refundable on March 3. The balance is due and non-refundable on March 29. We will, however, try to find someone to go in your place if you notify us promptly if you find you won't be able to make the trip so that a refund may be made.

-----OFFICE USE ONLY-----

Cost of trip: \$ _____ Deposit amount paid \$ _____

cash or check Date: _____ Received by _____

Balance due: _____ Date paid in full: _____

cash or check Received by _____

NAME: _____

Schlotsky's Lunch Choice

Please indicate your choice of sandwich and drink for Sunday's boxed lunch, which is included in the trip fee. Check one item in each category:

Entrée (regular sandwich):

_____ **The Original** (*toasted sour dough bun, three meats; lean ham, genoa salami, corto salami, three cheeses mozzarella, cheddar, parmesan, mustard, marinated black olives, onion, lettuce and tomato*)

_____ **The Vegetarian** (*toasted wheat bun, sliced cucumber, tomato, onion, lettuce, marinated black olives, cheddar cheese, and fat free spicy ranch dressing*)

_____ **Ham & Cheese Original** (*toasted sourdough bun, shaved lean ham, three cheeses, mustard, marinated black olives, onion, lettuce and tomato*)

_____ **Smoked Turkey Breast** (*smoked turkey breast on a toasted sourdough bun, light mayonnaise, lettuce and tomato*)

Drink (20 oz.bottle):

_____ **Coke** _____ **Sprite** _____ **Diet Coke** _____ **Water**

Chips:

_____ **Regular** _____ **BBQ** _____ **Jalapeno** _____ **Sour Cream & Onion**