

SARAH LAWRENCE COLLEGE

Family Weekend

October 12 – 14, 2018

Student's First and Last Name

Preferred Name of Student

Name(s) of All Family Members Attending

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Daytime Phone Number of Person Registering

E-mail Address of Person Registering *(Confirmation will be sent by e-mail only)*

Address

City

State

Zip Code

COST

\$45 per adult or child over 10 years old*

\$10 per child under 10 years old

* *There is no cost for Sarah Lawrence students.*

I have enclosed a check for \$ _____

Make checks payable to: Sarah Lawrence College

_____ # of adults and children over the age of 10

(Do not include your Sarah Lawrence student in this count.)

_____ # of children under the age of 10

My (our) student has a meal plan.

Please complete and mail this form to:

Sarah Lawrence College, Office of Student Affairs, 1 Mead Way, Bronxville, NY 10708

Or register online at SLC.EDU/FAMILY

Student Affairs 914.395.2575 | stuaffairs@sarahlawrence.edu