



RANDOLPH COLLEGE

Family Weekend Registration Form

Please provide the information requested below for those in your family planning to attend Family Weekend.

Name of student _____

Anticipated year of graduation _____

Participant's Name (as you would want it printed on a nametag)	City/Town, State (& Country if not USA)	Relationship to Student

Will anyone in your party require special assistance while on campus? If so, please specify: _____

Our family will not be attending.

Return this completed Registration Form
no later than September 18, 2009, by mail or fax to:

Randolph College
Dean of Students Office, Family Weekend
2500 Rivermont Avenue
Lynchburg, VA 24503-1526
fax: 434-947-8298