

Freshman Edge Registration

Name _____
Last First Middle

Address _____
Street or P.O. Box Number

City _____ State _____ Zip Code _____

Home Telephone () _____ Cell Phone () _____

E-Mail _____ Gender Male Female

Date of Birth _____ Social Security Number _____

Check if you are a Twenty-First Century Scholar Student

Dates: June 20-July 1, 2009 (Immediately following SOAR II -June 18-20)

Fee: \$1,500 (all-inclusive)

-Space is limited to 50 Students

-\$100 nonrefundable deposit secures your registration

-Full Payment due no later than May 1, 2009

T-Shirt size: Small Medium Large Extra large

Check Appropriate Box:

\$100

I have enclosed the \$100 deposit to secure my registration and will pay the balance due before May 1, 2009.

\$1,500

I have enclosed the full rate of \$1,500.

Make checks payable to the University of Evansville

MasterCard Discover American Express

Card Number _____ Expiration date _____

3 digit security code (Located on back of the card) _____

Signature _____

Return to: The Freshman Edge, University of Evansville, 1800 Lincoln Avenue, Evansville, Indiana 47722