

CONNECTIONS REGISTRATION 2009

PLEASE RETURN THIS FORM TO VILLANOVA UNIVERSITY CAMPUS MINISTRY (mailing address below) WITH A CHECK FOR \$125. PLEASE MAKE CHECKS PAYABLE TO "CAMPUS MINISTRY RETREATS". The CONNECTIONS Weekend non refundable fee is due by Friday June 12, 2009.

NAME: _____

NOVASIS ID #: _____

MAILING Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Gender: M F

Email (Villanova if established): _____

T-Shirt Size (circle one): S M L XL XXL

Parent's Name (and address if different from above):

Do you have any special needs, medical conditions, or dietary restrictions (e.g., vegetarian) or do you take any medication that we need to know about?

How did you hear about this retreat?

Photo Release form:

I hereby fully release the use of my image in any Photographs taken during this event to Villanova University. The Photographs may be used without restriction for the benefit Villanova University in any and all publications and/or on the web. I agree that all rights to the University including, without limitation, the exclusive right to print, publish, display publicly, distribute and sell drawings or prints of the photograph(s) containing my image throughout the world and the exclusive right to license, sell, distribute or otherwise dispose of the following rights in the Photograph(s): publication and sale of the Photograph(s) in clothbound and paperback books; publication and sale of the Photograph(s) in cards, posters, pictures, brochures, dramatic, motion picture, video, DVD (sight and sound), broadcast (television) and electronic, mechanical or visual reproduction rights (including intranet, internet, microfilm and computer) and admissions materials; and any and all future and other rights not specifically enumerated for the benefit of Villanova University.

All state laws and university policies concerning alcohol and drugs will be strictly enforced. No possession and/ or consumption of alcohol and drugs will be permitted on campus during the Connections Weekend. Anyone who disregards these policies will receive full university disciplinary actions.

My signature below attests that I comply with the above stated regulations.

Signature: _____

Date: _____

If under 18, parent/ guardian signature required.

I acknowledge and agree that my son/ daughter will participate in Villanova's Connections weekend and will comply by the above policies.

Signature: _____

Date: _____

Please mail form and Connections Weekend fee to:

Villanova University Campus Ministry For more information, please contact:

Attn: Connections Retreat, 800 E. Lancaster Ave., Villanova, PA 19085

christopher.drenenn@villanova.edu, 610-519-5177