

Name _____

Social Security Number _____

Mailing Address _____

City/State/Zip _____

E-mail Address _____

Phone _____

School Now Attending _____

H.S. Graduation Year _____

Possible Major _____

Date of Birth ____ / ____ / ____ Male Female

Estimated Day & Time of Arrival: _____

Please check all that apply:

- I would like to stay **ON CAMPUS**.
 - With no preference of current student's room
 - With current UMHB student: _____
- Match me with _____ also attending Crusader Preview. (Make sure they have made a reservation and have requested to stay with you on their card.)
 - I will be staying **OFF CAMPUS**.

TOTAL NUMBER FOR REGISTRATION:

So that we may have an accurate count for meals, please indicate the total number of guests' including yourself, attending each of the following meals. Do not include other students registering separately.

This registration includes the student and ____ family members.

____ Friday Lunch ____ Saturday Student Breakfast

____ Friday Student Dinner ____ Saturday Parent Breakfast

____ Friday Parent Dinner

All student meals are included in the \$25 registration fee. Family members may purchase their meals at registration. Additional concert tickets may be purchased by calling (254) 295-5150.

"I agree to abide by all policies and procedures of the University of Mary Hardin-Baylor."

Student Signature: _____

Please make checks payable to UMHB.

**Mail to: Crusader Preview
UMHB Box 8004
900 College Street
Belton, TX 76513
OR**

**Make your reservation online at:
www.umhb.edu**