

GEORGIA COLLEGE

Junior Day 2012
Saturday, April 14
Registration Deadline – Friday, April 6

Full Name of Student _____
Last First M Preferred First Name

Address _____

City _____ State _____ Zip _____

Telephone: Home _____ Work _____

E-Mail Address _____ DOB _____

Intended Major _____

High School _____ Graduation Year _____

Names of Parents/Guests Accompanying You:

_____ GCSU Alum?
_____ GCSU Alum?
_____ GCSU Alum?

REGISTRATION FEE:

Number attending (including family members)

_____ Student/Guest x \$10 = \$ _____

Please make checks payable to GCSU

Mail To: GCSU – New Student Programs
CBX 035
Milledgeville, GA 31061

Office: 478.445.0948

FAX: 478.445.2008