



GEORGIA COLLEGE

GEORGIA'S PUBLIC LIBERAL ARTS UNIVERSITY

Springfest 2012 Registration Form Saturday, March 10

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 _____

Names of Guests Accompanying You:

_____	<input type="checkbox"/> GC Alum?
_____	<input type="checkbox"/> GC Alum?
_____	<input type="checkbox"/> GC Alum?

REGISTRATION FEE:

Number attending (including family members)

_____ Student/Guest x \$15 = \$ _____

Please make checks payable to Georgia College

Mail To: Georgia College – New Student Programs
CBX 035
Milledgeville, GA 31061
Office: 478.445.0948 FAX: 478.445.2008