Parents and Family Members can register online at www.unt.edu/parentorientation
or by completing the form below and mailing it to our office.

UNT Freshman Parent and Family Orientation Registration Form 2016

Student Information   Date _____

Student Name: _____ Student ID: _____ Student DOB: _____

Orientation Session Attending:

☐ Session 1   ☐ Session 2   ☐ Session 3   ☐ Session 4   ☐ Session 5   ☐ Session 6   ☐ Session 7   ☐ Session 8
June 12-14   June 15-17   June 19-21   June 22-24   June 28-30   July 12-14   July 25-27   August 17-19

Parent and Family Orientation Participant Information
Parent or Family Member 1 Name: _____
                                                First   Last   If UNT Alumnus, Year

Parent or Family Member 2 Name (Optional): _____
                                                First   Last   If UNT Alumnus, Year

Address: _____ City: _____ State: _____

Email: _____ Phone Number: _____

Names of any Additional People Attending Parent Orientation (child, grandparent, etc.):

_____   ☐ Adult   ☐ Child

_____   ☐ Adult   ☐ Child

If more space is needed, please include information on separate page.

Parent and Family Orientation Registration

First Parent or Family Member (primary registrant)	_____ @ $115.00 = $ _____	
Additional Parent or Family Members	_____ @ $85.00 = $ _____	
Children 17 years of age and younger	_____ @ $60.00 = $ _____	
UNT alumni discount	_____ @ -$5.00 = $ _____	

Accommodations
Do you or someone attending with you have a disability that will require the terms of ADA/504?

☐ Yes   ☐ No

SECTION TOTAL = $ _____

On-Campus Housing (optional)
Number of Individuals staying on-campus in a double suite   _____ @ $30.00/per person/ night = $ _____
  (double suites include a private bedroom with a twin bed and a shared common space and bathroom)
Number of individuals staying on-campus in a private suite   _____ @ $60.00/per person/ night = $ _____
  (private suites include a private bedroom with a twin bed and a private common space and bathroom)

SECTION TOTAL = $ _____

TOTAL PAYMENT = $ _____

Payment Information

☐ Check # _____   ☐ Money Order # _____   ☐ Cash

Credit Card: ☐ VISA   ☐ MasterCard   ☐ Discover   ☐ American Express

Account #: _____ Exp Date: _____

Cardholder Name (please print): _____

Signature: _____

Intérprete Español
Me gustaria pedir un intérprete que hable español: ☐ Si   ☐ No

Por favor, pongase en contacto con la oficina de Orientación al 940-565-4198 para más detalles.

2.8.16