DCCC Summer Housing Registration Form

Name:				Student ID #:		
Phone	:	Gender:	Male	Female	Birthdate:	
Addre	ss:					
Emergency Contact Name:					Phone:	
Arrival Date:				Arrival Time:		
Will y	ou be participating in o	ne of the following at	hletic camp	s in August?		
☐ Football (August 1st) ☐ Soccer (TBD)				leyball (TBD)		
	ning below, I certify I h				and Conditions and agree to	
Student Signature Date:				Date:		
Mark	each week vou wish to	stay in the DCCC ro	esidence h	alls. Cost is: \$	200.90 / Week- \$28.70 a day with 14 meal plan	
	eck in: 6-29-19 & 6-30-19	-			•	
П	7/15/19 - 7/21/19 (\$200.90 week)					
П						
	8/1/19 - 8/10/19 (<u>FOOTBALL CAMP)</u> (\$197.00 a week or \$19.70 a day)					
	e: DCCC reserves the ri ur summer room assigr	~			act costs increase. Hent for the Fall 2019 semester.	
	Please Return to:	Office of Reside Dodge City Com 2501 N. 14 th Aver Dodge City, KS (620)227-9304	munity (nue	College		
 Studer	nt Signature		_	 Date:		