

College Days Registration

 1-800-PCC-INFO, ext. 4
(1-800-722-4636)
 CollegeDays@pcci.edu
 1-877-828-1798

 Reservation Office
Pensacola Christian College
P.O. Box 18000
Pensacola, FL 32523-9160

PLEASE PRINT

Please submit a registration for each guest attending.

Date Attending Nov. 13–15, 2019 March 18–20, 2020 Apr. 1–3, 2020

Name _____ Male Female
Title First Last

Classification 7th gr. 8th gr. 9th gr. 10th gr. 11th gr. 12th gr. HS Grad Child Parent Sponsor
(3 yrs–6th grade)

Mailing Address _____ City _____ State _____ ZIP _____

Phone: Cell (_____) _____ Emergency (_____) _____ E-mail _____

Arrival Date _____ Departure Date _____

Check if free shuttle service needed for Airline Greyhound Bus

Arriving Airline _____ Flight no./Bus no. _____ Time _____

Departing Airline _____ Flight no./Bus no. _____ Time _____

If coming with a church/school group, complete the following:

Church/School Name _____ City _____ State _____

For Grades 7–12 (including HS Grads), complete the following:

DOB _____ Major of Interest _____

Would you like to participate in College Days activities? Yes No *(cost: \$10/night; maximum stay is 3 nights)*

For Grades 10–12 (including HS Grads), would you like to stay in the residence hall? *(included with participation in College Days activities)* Yes No

PCC Student I'd like to room with _____

For Parents/Sponsors/Children, complete the following:

Would you like to purchase a meal pass? Yes No *(Cost: \$40/adult or \$15/child; includes Wed. lunch through Fri. lunch)*

Are you a PCC graduate? Yes No

PCC ID # _____ Year of Graduation _____ Maiden Name (if applicable) _____