

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. 14–16, 2018 March 20–22, 2019 Apr. 3–5, 2019

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 Greyhound Bus / Airline

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 Grade 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) _____