

AOPO SUMMER INSTITUTE REGISTRATION FORM

NAME _____

PERMANENT STREET ADDRESS: _____

CITY: _____ APARTMENT# _____

ZIP: _____ PHONE# _____

ANTICIPATED MAJOR: _____

IN CASE OF AN EMERGENCY, NOTIFY:

NAME: _____

PHONE #: _____ RELATIONSHIP: _____

PERSONAL INFORMATION:	I KEEP MY ROOM:
<input type="checkbox"/> SMOKER	<input type="checkbox"/> NEAT
<input type="checkbox"/> NON-SMOKER	<input type="checkbox"/> LIVED IN
(ALL RESIDENCE HALLS ARE NON-SMOKING)	<input type="checkbox"/> MESSY
I PREFER TO GO TO SLEEP:	I LISTEN TO MY MUSIC IN MY ROOM:
<input type="checkbox"/> EARLY (10PM TO MIDNIGHT)	<input type="checkbox"/> OFTEN
<input type="checkbox"/> LATE (AFTER MIDNIGHT)	<input type="checkbox"/> SOMETIMES
<input type="checkbox"/> NO PREFERENCE	<input type="checkbox"/> RARELY
I SEE MY ROOM MOSTLY AS A PLACE OF:	I USE MY COMPUTER:
<input type="checkbox"/> STUDY	<input type="checkbox"/> OFTEN AFTER MIDNIGHT
<input type="checkbox"/> SOCIALIZATION	<input type="checkbox"/> RARELY AFTER MIDNIGHT
<input type="checkbox"/> BOTH EQUALLY	<input type="checkbox"/> I DON'T OWN A COMPUTER

PLEASE LIST YOUR HOBBIES AND INTERESTS _____

PLEASE INDICATE IF YOU HAVE ANY DIETARY RESTRICTIONS (ALLERGIES, RELIGIOUS RESTRICTIONS, MEATLESS DIET): _____

T-SHIRT SIZE: (CIRCLE ONE)

MEDIUM

X-LARGE

LARGE

XX-LARGE

EVERYONE MUST HAVE APPROPRIATE DOCUMENTATION TO GO TO TORONTO, CANADA. PLEASE CIRCLE WHAT TYPE OF DOCUMENTATION YOU HAVE:

VALID US PASSPORT

PERMANENT RESIDENT ID CARD

NYS ENHANCED ID (DRIVER'S LICENSE, PERMIT, OR NON-DRIVER ID CARD)

**PLEASE RETURN THIS COMPLETED FORM BY JUNE 8TH TO:
TARA PRETEROTI, ASSISTANT DIRECTOR- HEOP, 3690 EAST AVENUE, L-105, ROCHESTER, NY 14618.**