

Registration Form

About the Coe Student:

Name: _____

Residence hall or apartment: _____

Year: First Sophomore Junior Senior

Cell phone number: _____

About the sibling(s):

Name: _____ Age: _____

2nd name: _____ Age: _____

3rd name: _____ Age: _____

Yes, I'd like a campus tour.

Please explain these conditions that Coe should be aware of:

Allergies:

Food allergies:

Medications:

Medical concerns:

Arrival (date/time): _____ Departure (date/time): _____

Parent can be reached at: _____ or _____
home area code & phone cell area code & phone

I give permission for my son/daughter to attend Siblings Weekend. I hereby authorize the directors of Coe College to act according to their best judgment in any emergency requiring medical attention during Siblings Weekend.

Parent name (print): _____

Signature: _____ Date: _____

Yes, I have enclosed \$25 per sibling to attend Siblings Weekend.

Return this form and check payable
to Coe College by March 10 to:

Kate Rose
Alumni Office
Coe College
1220 First Avenue NE
Cedar Rapids, IA 52402

