

PLEASE FILL OUT THE FOLLOWING FORMS AND TURN INTO CINDY TRUONG OR ELMIRRA DAYRIT BY
OCTOBER 19, 2010.

Personal Information	
Full name	
I live in (please choose and circle closest location)	N. Davis S. Davis E. Davis W. Davis Downtown On-Campus Outside Davis
Local address (street, #, Apt #)	
(City, state, zip code)	
Cellular phone	
E-mail address	
Would you like to drive?	YES NO
If YES, maximum passenger capacity?	1 2 3 4 5 6+
Do you plan on returning to Davis immediately Sunday morning?	YES NO
Earliest time of Departure (3pm-10pm)	Friday Oct. 21 st _____ PM
Preferred T-Shirt Size (unisex)	S M L XL
Personal Physician and Phone Number (*optional)	
Personal Insurance Carrier (*optional)	
Please list any special conditions (i.e. frequent bathroom breaks, allergies, phobias)	
Emergency Contact Information	
Primary (1) Contact	
Contact (1) Full Name	
Relationship to Applicant	
Contact (1) Phone Number	
Secondary (2) Contact	
Contact (2) Full Name	
Relationship to Applicant	
Contact (2) Phone Number	
For Office Use Only (Don't fill out below this Line)	
Method of Payment	Cash Check
Date of Payment	

Personal Information			
Amount of Payment	\$	Driver	Passenger
Received By			

Agreement and Liability Statement

Full Legal Name	
Date of Birth	
Driver's License #	
Insurance Carrier	
Name of Physician and/or Hospital	
Physician's and/or Hospital's Phone #	

I, _____, acknowledge in full that should I incur any form of loss, injury, or death, going to, or coming from Mga Kapatid's trip to California State University Fullerton's Friendship Games on October 21-23, 2011, Mga Kapatid at UC Davis and the University of California, Davis cannot and will not be held responsible and are absolved of all negligence.

Signature

Date