

ALUMNI & COMMUNITY MEMBER FORMS

CONTACT INFORMATION

Name _____
Address _____
Home phone () - _____
Cell phone () - _____
E-mail _____

MEANS OF TRANSPORTATION

Please circle one car bus airplane other _____

If arriving by plane please indicate Flight Number _____.

If you are arriving by plane please forward an electronic copy of your schedule to jmahar@sbu.edu.

ARRIVAL

Date _____
Time _____

DEPARTURE

Date _____
Time _____

Do you need ground transportation? NO YES

Number in Party _____ Please list names: _____

Each member in your party needs to fill out a separate form.

SPECIAL SKILLS

SPECIAL WANTS / NEEDS

MEDICAL PROBLEMS THAT WE NEED TO KNOW ABOUT

If you have back or neck problems and require a bed please check here: _____