

**Hollins University
2009 Family Weekend
REGISTRATION FORM**

Hollins Student: _____
Year of Graduation: _____

Family and Guest Name(s):

Name Tag: _____

Name Tag: _____

Name Tag: _____

Name Tag: _____

To schedule appointments, please call the appropriate faculty
or staff office by **October 5, 2009**.

RSVP by October 5th