Teen and Sibling Orientation Program

Wednesday 8/24/17

Instead of sitting around with your parents and listening to boring speeches, register for Teen/Sibling Orientation and come have fun with us!

Sibling Orientation Events (ages 5-12)

- Comedy & Music Sessions
- Fun with Campus Organizations
- Movie with Snacks
- Learn how to juggle with Strong Jugglers

*activities and times are subject to change.

Teen Orientation Events (ages 13-17)

- Games and Activities
- Special Tours your siblings might not even see
- Sports/Outdoor Activities
- Comedy & Music Sessions

*activities and times are subject to change.

Lunch and snacks will be provided!

Please note: A $60.00 registration fee is required for each participant. To register, send a completed registration form (included in the June mailing) with payment by Wednesday, July 31st. If you would like to request a fee waiver please email the orientation team at orientation@rochester.edu.
Teen/Sibling Orientation Program

 Teens and siblings are welcome to accompany you and your family to Parent Orientation events. However, the Teen and Sibling Orientation Programs during the day of August 24th offer safe and fun activities to make the visit to UofR engaging and enjoyable for all ages! Pre-registration is required. This is a fee based program, and the cost is **$60.00 per teen or sibling.** Payment must accompany the registration form below. If you would like to request a fee waiver, please contact the Orientation team at orientation@rochester.edu

Registration Form

I would like to register my child, _______________________, age _____, to participate in the University of Rochester Orientation (please circle):

- **Sibling Program (ages 5-12)**
- **Teen Program (ages 13-17)**

Parent Name (please print): ________________________________
Parent Signature: _______________________________________
Parent Email: ___________________________________________
Contact Number for Summer: (______) _______ - ________
Contact for Day of Teen/Sibling Program: (______) _______ - ________
Amount Enclosed: $_____
*(please make check payable to “University of Rochester”)*

Does your child have any allergies, dietary complications, or other medical concerns that we should be aware of? ____________________________________________

Please complete this form and return with payment to: **University of Rochester Orientation Program, 312 Lattimore Hall Box 270404, Rochester NY 14627** by July 31st!