

FOUNDERS' DAY REGISTRATION FORM University of Akron, Ohio



June 11-14, 2026

Name		
Phone		
Street Address		
City, State Zip		
Thursday Rooming Preference:		
Single: \$		
Double*: \$		
Triple*: \$		
*If Double or Triple, please list your roommate(s) below:		
Name:		_
Name:		
Selected Thursday Hotel Rate:		— (estimated, subject to change)
Trip Cost Subtotal (Hotel + Trip):	-	
Deposit Paid (with this form):	\$ \$	_
Balance Due by 2/22/2026:	\$	_
	,	
EMERGENCY CONTACT PERSON (please print)		
Contact Name:		
contact Person is my.		
Please confirm whether you are up to date on your COVID shots.		
res I am ()	No, I don't get COVID shots ()	
Please indicate if you have any special needs:		
Do you have any allergies? If so, please list them here:		

Mail registration form with payment (check or money order) to: "Not A Glum Lot" Attn: David H. 5013 Magnasco Lane, Charlotte, NC 28208.

Cash payments are accepted. To pay cash, text/call David (704) 622-3945, Raye (704) 953-6357, or Valerie (704) 492-4196