
PRINCE GEORGE'S COUNTY DELTA ALUMNAE FOUNDATION
IN ASSOCIATION WITH THE
PRINCE GEORGE'S COUNTY ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INC.

4th Annual Countdown to College
Day Tour of HBCUs
(HISTORICALLY BLACK COLLEGES AND UNIVERSITIES)

Calling 7th, 8th, and 9th Grade Students

Open to Residents of Prince George's County Only

Limited to the First 50 Applicants Based on Dates Applications Received

Wednesday March 31, 2010

7:00AM – 6:00PM

Bus departs from Kettering Plaza in Largo, MD
(In front of Mattress Discounters)

Observe Campus Life First-Hand at the Prestigious

Delaware State University in Dover, Delaware
and
Lincoln University
in Lincoln University, Pennsylvania

Luxury Round-Trip Bus Transportation
Continental Breakfast and Lunch
Guided Tours of Both Campuses
DVDs and Games to Entertain While Traveling

Completed Application & Payment of **\$25** Due On: **Saturday, March 20, 2010**
Make checks or money orders payable to: **PGCDAF**

Mail payment and application via Regular U.S. Mail only to:

Prince George's County Delta Alumnae Foundation (PGCDAF)
Delta Sigma Theta Sorority, Inc. – HBCU DAY TOUR 2010
P.O. Box 3604
Capitol Heights, MD 20791-3604

For **additional information**, call the Co-Chairperson at (301) 218-6936 or email HBCU@pgcadst.org
Download the Application at www.pgcadst.org

**PRINCE GEORGE'S COUNTY DELTA ALUMNAE FOUNDATION
 PRINCE GEORGE'S COUNTY ALUMNAE CHAPTER
 DELTA SIGMA THETA SORORITY, INC.
 DAY TOUR OF HISTORICALLY BLACK COLLEGES and UNIVERSITIES
 March 31, 2010
 STUDENT HEALTH FORM**

THIS FORM MUST BE COMPLETED BY THE PARENT/GUARDIAN

Type or Use Black Ink ONLY. Do Not Leave Any Blanks. Use N/A Where It Applies.
 NOTE: This CONFIDENTIAL Information Will Be Used By the Health Care Chaperones.

FULL LEGAL NAME
 (STUDENT)

Male Female _____

DATE OF BIRTH _____ AGE _____

STREET _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE# _____
AREA CODE/NUMBER

IN CASE OF EMERGENCY

NOTIFY _____

WORK _____ HOME _____ CELL _____

PHONE# _____ PHONE# _____ PHONE# _____
AREA CODE/NUMBER AREA CODE/NUMBER AREA CODE/NUMBER

STREET _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Health Insurance Carrier	PRIMARY/Policy Holder's Name/Policy #		
Describe in FULL Detail ALL MEDICAL CONDITIONS to include all restricting physical and/or emotional disabilities. (Identify all special needs, i.e., - seizure precautions, asthma, uses crutches, etc.)			
List all allergies			
List all medications			
Name of Physician		Area Code/#	

I hereby certify that all statements made herein are correct and true. I will hold harmless the PGDAF and the PGCAC of Delta Sigma Theta Sorority, Inc., of any injuries or harm my student may incur due to omissions or false statements given about his/her health.

In Case Of Emergency, I Hereby Give My Permission For Medical Treatment To Be Given To The Above Named Student As Indicated By My Signature Below:

 Parent/Guardian's Signature Date

Provide a photocopy of a valid Health Insurance Card and bring the actual Health Insurance Card for verification purposes with a current photo ID to be carried on the HBCU Tour.