



Home Opener Interest

FULL NAME

FIRST: _____ LAST: _____

ADDRESS

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT INFORMATION

EMAIL: _____ PHONE: _____

STUDENT GENDER PREFERENCE *(CHECK ONE)*

MALE FEMALE

MAXIMUM NUMBER OF STUDENTS YOU WOULD BE INTERESTED IN HOUSING *(CHECK ONE)*

1 2 3 4 5

SEMESTERS INTERESTED IN

SPRING 2015 *(JANUARY-MAY)*

FALL 2015 *(AUGUST-DECEMBER)*

SPRING 2016 *(JANUARY-MAY)*

FALL 2016 *(AUGUST-DECEMBER)*

