



REDWOOD DAYS 2009 RESERVATION FORM

Student Name : _____

Will your parent and/or guardian attend Redwood Days? Yes No If yes, name(s) _____

CR Student ID#: _____ and/or Social Security # _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____

Email: _____

High School: _____

Have you committed to playing a sport at CR? No Yes If so, which one(s) _____

Educational Goal (please check one):

University Bound Technical Degree or Certificate Undeclared
Regardless of major, your goal is to transfer on to a 4-year institution. *You have a specific degree or certificate in mind (i.e. Nursing, Welding, Auto, etc.).* *You are unsure about your educational goal.*

IF YOU HAVE NOT TAKEN THE MATH AND ENGLISH PLACEMENT TESTS PRIOR TO REDWOOD DAYS, PLEASE ARRIVE AT CR NO LATER THAN 8:30AM ON YOUR CHOSEN DAY FOR TESTING

8:30am - 10:30am Math and English Assessment testing
10:30am – end no later than 2pm Orientation, Advising and Registration
LUNCH WILL NOT BE PROVIDED. PLEASE BRING A SNACK or SACK LUNCH

Please check your 1st and 2nd choice:

_____ Monday, May 18th _____ Tuesday, May 19th _____ Wednesday, May 20th _____ Thursday, May 21st

Mail or fax this reservation form to:
 College of the Redwoods – Counseling Center
 7351 Tompkins Hill Rd.
 Eureka, CA 95501
 Phone (707) 476-4150
 Fax (707) 476-4416

Confirmation will be mailed prior to the event

Office Use Only

Date received _____ M _____ E _____ Contacted _____ Confirm _____