WILLAMETTE
THE FIRST UNIVERSITY IN THE WEST

Sorority Contract

2009-2010

Room #_____

Academic Year Room and Meal Plan Cost $8,350

(Single rooms are an additional $750)

SORORITY: ☐ **Alpha Chi Omega** ☐ **Delta Gamma** ☐ **Pi Beta Phi**

NAME (Please Print) _____ _____
Last First Middle Student ID#

PERMANENT ADDRESS _____
Number Street City State Zip

HOME PHONE (____) _____

WORK PHONE (____) _____

CELL PHONE (____) _____

BIRTH DATE _____

E-MAIL _____

EMERGENCY CONTACT PERSON (S) _____

PHONE (____) _____

ADDRESS _____
Number Street City State Zip

YEAR IN COLLEGE 2009-2010:

☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

I, the undersigned student have read and understood the Sorority Terms and Conditions for Room and Meal Plan. I understand that my signature below means that **I agree to abide by all the terms and conditions** set forth in or incorporated by reference into this contract as well as to the rules and regulations governing students by the (Inter)national sorority, local house corporation and/or chapter policies and procedures and set forth in any published Willamette University policy or procedure.

As a continuing student, I will enroll in classes at Willamette University and, by signing this contract, understand that I am required to live on campus for the 2009-2010 academic year. **If I cancel this contract after May 29, 2009 I will be subject to the cancellation provisions (including the non-negotiable $600 contract cancellation penalty to move off campus)**.

NAME (Please Print) _____
Last *First* *Middle*

SIGNATURE _____

DATE _____

Distribution: WHITE – Residential Services PINK – Student