



HOYA DREAMS
 Georgetown University Hospital
 Main Hospital Administration
 3800 Reservoir Rd NW
 Washington, DC 20007
 fax: (202) 444-3095
 email: hoyadreams@gmail.com

HOYA DREAMS PARTICIPANT APPLICATION			
Applicant Information			
Child/Patient Name:			
Date of Birth:		Phone:	
Current Address:			
City:		State:	Zip code:
Email:		T-shirt Size:	
Additional Information (food allergies, special restrictions or instructions, etc):			
1. Would you be interested in attending Hoya Dream Day athletic events?			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If you are a current patient at GUH: Would you be interested in regular "Hoya Visits" with a student athlete?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian Information			
Parent Name:			
Current Address:			
City:		State:	Zip code:
Daytime Phone:		Evening Phone:	Email:
1. Are you a parent/guardian who will attend the event?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact			
Name of a contact not residing with you:			
Address:			
Daytime Phone:		Evening Phone:	Email:
Relationship:			
Georgetown Athletic Events			
Please check the events you would like to attend			
<input type="checkbox"/> Georgetown Men's Football			
<input type="checkbox"/> Georgetown Women's Basketball			
<input type="checkbox"/> Georgetown Men's Basketball			
<input type="checkbox"/> Georgetown Men's Lacrosse			
Application Signature			
Child Signature:		Date:	
Parent/Guardian Signature:		Date:	

Please email, mail back or fax to the contact information at the top of this page. Thank you.