RHA invites you to host your siblings (ages 5-16) on October 4-6, 2019. Siblings will reside in the residence halls and attend activities all weekend long, planned just for them.

Schedule of Events (RHA events/activities in BOLD)

Friday October 4

4:00 p.m. - 7:00 p.m.       Registration, Towers MPR
Registration, make your own “door-dec” & enjoy dinner!
Dancing with the Dukes, Union Ballroom ($5 at the door)
DPC Film Series Toy Story 4, 105 College Hall
DPC Lava Lamps, NiteSpot (Union 1st Floor)

Saturday October 5

10:30 a.m. - 1:30 p.m.       Morning Brunch, Hogan Dining Hall
Men’s Football vs. LIU, Rooney Field ($6.00, under 12 free)

12:00 p.m. - 4:00 p.m.       Pittsburgh Zoo: Depart from the Union
**We suggest you bring money for snacks and souvenirs
Greek Life Carnival, Union Ballroom ($5 at the door)
RHA Fall Carnival, Towers MPR
DPC Film Series Toy Story 4, NiteSpot (Union 1st Floor)

Sunday October 6

9:00 a.m.       Celebrate Mass, Chapel
10:30 a.m. - 1:30 p.m.  Morning Brunch, Hogan Dining Hall
1:00 p.m.        Women’s Soccer vs. George Mason, Rooney Field
1:00 p.m.        Volleyball vs. George Mason, Mount Lebanon High School

Registration Due by October 2, 2019 to Office of Residence Life, Assumption Hall
Please complete the information below and return to: Duquesne University, Office of Residence Life, Assumption Hall, 600 Forbes Avenue, Pittsburgh PA 15282 by October 2 along with $25 per sibling registration fee and the Minor Sibling Overnight Guest Registration Form.

| Resident Student’s Name: | ________________________________ |
| Cell Phone: | ________________________________ |
| Email: | ________________________________ |
| LLC Building/Room#: | ________________________________ |

| Sibling Name: | ________________________________ | Age: ____ |
| Sibling Name: | ________________________________ | Age: ____ |
| Sibling Name: | ________________________________ | Age: ____ |

Indicate which events you will attend. Do not include resident student below for meals as you will use your meal plan.

**Friday, October 4**
- Dinner, Hogan Dining Hall
- *Toy Story 4*, (105 College Hall)
- DPC Lava Lamp, NiteSpot (Union 1st Floor)

**Saturday, October 5**
- Morning Brunch, Hogan Dining Hall
- Pittsburgh Zoo
- Dinner, Hogan Dining Hall
- RHA *Fall Festival*, Towers MPR
- *Toy Story 4*, NiteSpot (Union 1st Floor)

**Sunday, October 6**
- Celebrate Mass, Chapel
- Morning Brunch, Hogan Dining Hall
Duquesne University
Office of Residence Life Minor Sibling Overnight Guest Registration Form (Siblings 5 - 16 years of age)

Host Student Information
Name: _______________________________________ LLC and Room #: ______________________
Cell Phone #: ________________________________ Gender: M / F
Date(s) of Stay: _____________________________________________________________________
Host’s Roommate(s) Signature(s):________________________________________________________

Sibling Information
Name: ___________________________________ D.O.B.: __________ Gender: M / F
Home Address: ____________________________________________________________ (CITY) (STATE) (ZIP)
Cell Phone: ________________________________ Home Phone: ____________________________
Parent or Guardian Name: __________________________________________________________
Cell Phone: ________________________________ Home Phone: ____________________________
Medical Conditions, Medications, and Allergies: ______________________________________
_________________________________________________________________________________

As a Duquesne University resident student, I accept full responsibility for my minor sibling(s) and understand that my sibling(s) are required to follow all Duquesne University and Residence Life policies during their visit. Failure to do so could result in parents being notified to pick up the sibling(s). In addition to following all Residence Life policies, I will escort my sibling(s) at all times during their stay in the Living Learning Centers. Siblings can show their copy of the guest registration form for admission to the residence halls when escorted by their host.

I realize that during the visit, I am responsible for the safety and wellbeing of my guest(s) and that Duquesne University and the Office of Residence Life cannot be held liable for any incidents such as lost property or personal injury that occur during the weekend.

Parent/Guardian Signature __________________________ Date ________________

Host Student Signature __________________________ Date ________________
Resident Director Signature __________________________ Date ________________