

GENERAL INFORMATION

PARKING

In addition to visitor parking areas, Family Weekend guests are also welcome to park in any lots designated as student or faculty/staff parking. You can download a parking map online at maps.hope.edu

DOW CENTER

The Dow Physical Education Center is located at the corner of 13th St. and Columbia Ave. The Dow Center is open to all Family Weekend guests. Passes will be included in the Family Weekend booklet available at the Resource Center.

AREA EVENTS & ATTRACTIONS

For additional information regarding events and attractions in and around the Holland community, please contact the Holland Convention and Visitor's Bureau: at 800.506.1299 or holland.org

FAMILY ANCHORS AWARD

The award is given in honor of the significant contributions family members make in the lives of Hope students. All students are invited to submit an essay to nominate a family member for this award. Learn more at: hope.edu/familyweekend

LODGING & DINING

As you prepare for your trip, please feel free to review a collection of preferred hotels and restaurants at hope.edu/visit. They have been selected as exceptional partners in providing accommodations for parents, alumni and friends of the college. Special Hope College lodging rates may be available by request.

SIBLINGS SLEEPOVER

As part of Family Weekend, younger siblings are invited to stay in a residence hall with their Hope student brother or sister.

Siblings ages 9 and up must stay in same-sex rooms. If there is no Hope student of the same-sex to host a sibling aged 9 and up, they will not be able to participate.

In order to participate in the Siblings Sleepover, parents must complete an assumption of risk and release form. This waiver is separate from the main registration form and is included below. Please return it along with the Family Weekend registration form on page 7.

RESOURCE CENTER

Stop by the Family Weekend Resource Center in the DeWitt Student Center lobby on Friday afternoon or all day Saturday to confirm your schedule, pick up maps/tickets, grab a cup of coffee and more.



SIBLINGS SLEEPOVER REGISTRATION

I am aware of the conditions, risks, and responsibilities associated with the Family Weekend Siblings Sleepover on October 28 – October 30, 2016 at Hope College. I give permission for my child(ren):

_____ age(s): _____ to participate

in this activity and hereby waive and release Hope College and its agents from any claims and/or liability pertaining in any way to my child's participation in this activity. This includes, but is not limited to, personal injury, death, property damage or property loss. I also agree to indemnify and hold Hope College harmless from any claims, liability, and attorney fees that may arise out of my child's participation in this activity.

Print Name of Parent or Legal Guardian

Signature

Date

Parent or Guardian Cell Phone

Email

Name of Hope Student

Campus Address

Student Cell Phone