This registration packet is to be completed after the future participant has submitted an application and deposit.

To apply to Notre Dame Vision, please go to:

http://vision.nd.edu/Welcome_to_Notre_Dame_Vision/Apply.html
Dear Notre Dame Vision Participant,

We are excited to welcome you to the University of Notre Dame this summer. In anticipation of your arrival, we ask that you please complete the following forms and return them to us as soon as possible and no later than May 25, 2016.

Any outstanding balance should also be settled by this date – balances may be paid by check made out to “Notre Dame Vision” (be sure to include your name on the memo line) or by credit card through our online store (accessible via vision.nd.edu).

If you are part of a group, all forms and balance payments should be given to your “Group Organizer.”

This registration packet includes the following forms, all of which are required unless otherwise noted:

- Waiver, Release, and Indemnification Agreement (2 pages)
- Health Information and Consent for Emergency Medical Treatment Form (2 pages)
- Code of Conduct for Summer High School Residents (2 pages)
- Notre Dame Vision T-Shirt & Poster Pre-Order Form (optional)
- Notre Dame Vision Packing List (for reference)
- Campus Arrival Map (for reference)

Please return these forms together in one packet as soon as possible and no later than May 25, 2016 to the following address (or given to your group organizer):

Notre Dame Vision
334 Geddes Hall
Notre Dame, IN 46556

If you have any questions or concerns, please feel free to contact us at (574) 631-7425 or ndvi@nd.edu.

We look forward to seeing you soon!

Peace and Blessings,

Notre Dame Vision Staff
UNIVERSITY OF NOTRE DAME
NOTRE DAME VISION SUMMER PROGRAM
STATEMENT OF RESPONSIBILITY AND AUTHORIZATION
WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT
MINORS

I, _______________________, am the parent or guardian of a minor child, ____________________
(Parent/Guardian’s Name) (Child’s Name)
who will be participating in the Notre Dame Vision Summer Program (“Program”) at the University of Notre Dame du Lac (“the University”) in Notre Dame, Indiana during the period ________________, 2016. I am fully aware that my child’s participation in the Program is totally voluntary.

In consideration of the University’s agreement to permit my minor child to participate in the aforementioned Program, the receipt and sufficiency of which consideration is hereby acknowledged, I agree as follows:

1) In signing this Waiver, Release and Indemnification Agreement; Statement of Responsibility and Authorization, I hereby declare that my child will attend the Program in its entirety, from the opening session on Monday evening through the closing liturgy, which concludes on Friday at 12:30pm. I agree to inform the Director of the Program at least twenty-eight (28) days before the start of my child’s Program session if travel limitations will result in my child arriving late to the program (after 5pm) on Monday. I understand that the Program reserves the right not to allow my child to participate in the Program if I do not agree to have my child participate in the program in its entirety and that the Program will not make any refunds after its stated refund deadlines if my child is not admitted to the program due to my unwillingness to have my child participate in full.

2) I, individually, and on behalf of my minor child and our respective heirs, successors, assigns and personal representatives, hereby release, acquit and forever discharge the University and their employees, agents, students, servants, officers, trustees and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all damages, losses or injuries (including death), mental anguish or emotional distress to persons and/or property, including but not limited to any claims, demands, actions, causes of action, damages, costs, expenses (including hospital and medical expenses) and attorneys fees, which arise out of, during or in connection with my child’s attendance at, activities at, sponsored by, participation in, or arising out of the aforementioned Program, including travel to or from the University and including without limitation any loss, claim, demand or suit that my child might assert once he/she attains the age of majority.

3) I, individually, and on behalf of my minor child and our respective heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the University and their employees, agents, servants, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss or damage they or any of them incur or sustain as a result of any claims, demands, actions, causes of action judgments, costs or expenses, including attorneys fees, which result from arise out of relate to my child’s attendance at, association with, participation in, activities at, sponsored by, or arising out of the aforementioned Program, including travel to or from the University.

4) I, individually and on behalf of my minor child, hereby acknowledge and accept that there are both known and unknown risks arising from various activities, including but not limited to bodily injury and death, that could result from my child’s participation in the aforementioned Program at the University. I have knowingly and voluntarily decided to assume the risks of these inherent dangers in consideration of the University’s permission to allow my minor child to participate in the aforementioned Program. I, individually, and on behalf of my minor child hereby release and discharge the University from any and all negligence, including the University’s own negligence, in connection with my child’s attendance at, activities at, or participation in the Program, including travel to and from the University, except for any gross negligence or willful and wanton misconduct on the part of the University.

5) I represent and warrant that my child is covered throughout this Program by a policy of comprehensive health and accident insurance, which provides coverage for injuries, which he/she may sustain as part of his/her
participation in this Program. I hereby release and discharge the University of all responsibility and liability for any injuries, illnesses, medical bills, charges, co-pays, deductible or similar expenses, whether covered by health insurance or not, that he/she may incur while participating in this Program. I agree to report to the University’s Director of the Program any physical or mental condition he/she may have which may require special medical attention or accommodation during the Program at least thirty (30) days prior to the start of the Program.

6) I hereby acknowledge and accept that my child’s personal property is at my risk entirely.

7) The University reserves the right to decline to accept or retain my child in the Program at any time should his or her actions or general behavior impede the operation of the Program or the rights or welfare of any person. Similarly, if my child’s conduct violates any policy or procedure of the University, including the Notre Dame Vision Code of Conduct for Summer High School Residents, I understand that my child may be required to leave the Program in the sole discretion of the University’s agents and representatives, and may be referred to the appropriate University officials for further disciplinary or other action. In such an event, no refund will be made for any unused portion of the Program. The right is reserved by the University, in its sole discretion, to cancel the Program or any aspect thereof prior to departure.

8) I agree that this Waiver, Release and Indemnification Agreement; Statement of Responsibility and Authorization is intended to be as broad and inclusive as permitted by the laws of the State of Indiana, U.S.A., and if any portion hereof is held invalid, it is agreed that the balance hereof shall, notwithstanding, continue in full legal force and effect. In the event of any cause of action, the laws of the State of Indiana apply and the jurisdiction lies with the St. Joseph County Superior Court or the U. S. District Court of Northern District of Indiana.

9) I hereby consent to any publicity, including the use of my child’s name and likeness, and waive any right to inspect and/or approve any photography, film videotape, recordings or advertising copy which may be used in connection with my child’s participation in this Program. I grant the University of Notre Dame and its affiliates permission to film, reproduce, and distribute images, audio, and video of (print name of Notre Dame Vision participant): _______________________. It is understood that these images will be used for Notre Dame Vision’s promotional and reporting efforts as an initiative of the University of Notre Dame, including collaborative projects with the NFCYM (National Federation for Catholic Youth Ministry) and other organizations. Neither Notre Dame Vision nor its affiliates will release, replicate, or sell images for or to individuals other than those affiliated with the University of Notre Dame. First names and city/state of origin may be transposed over some individuals’ images, but will not include accompanying last names or specific addresses unless additional permission is obtained from the participant and his/her parent or legal guardian if the participant is a minor.

10) In signing this Waiver, Release and Indemnification Agreement; Statement of Responsibility and Authorization, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights and those of my child, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

Signatures:

____________________________  _______________________
Parent/Guardian’s Signature                           Date

Please Print:

____________________________  _______________________
Parent/Guardian’s Name (Printed)                           Child’s Name (Print)
UNIVERSITY OF NOTRE DAME
HEALTH INFORMATION AND CONSENT FOR EMERGENCY MEDICAL TREATMENT FORM

MINORS

Program Attending: ________________ Dates of Program: __________________

Student Name: ______________________ Birthdate: ______________________

Permission for Treatment: The health history provided on this form is correct to the best of my knowledge. By my signature below, I hereby grant permission and authorize the provision of emergency medical treatment for minors/students who become ill or injured while participating in a University of Notre Dame du Lac sponsored Program and when parents or guardians cannot be reached.

Release of Information: By my signature below, I authorize the University of Notre Dame to release medical information regarding the above named minor/student to any person or entity to whom the University of Notre Dame refers the minor/student for medical treatment.

TO GRANT CONSENT

I, (we) ____________________________ of ____________________________
(Name of Parent(s)/Legal Guardians(s)) (City)
__________________________, ______________________, do hereby state that I (we) are
(County) (State)
the parent(s) or legal guardians(s) of: _______________________________, a minor.
(Name of Child)

Should an emergency arise while my child is under the supervision of the staff of The University of Notre Dame du Lac, I, (we) do hereby authorize the staff to obtain medical attention for my child. I, (we) do hereby give consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above-named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine during the program period. I (we) do hereby release and forever discharge the University of Notre Dame du Lac and its employees, agents, officers, trustees, affiliates and representatives from any and all liability of any kind for any claim, demand, action, cause of action, expense (including hospital and medical expenses), judgment or cost, including without limitation attorneys fees, co-pays or deductibles, which arise out of or relate in any manner to the exercise of authority or judgment pursuant hereto, or to the securing, oversight, administration or supervision of medical or other care or treatment on behalf of my child at any time or any travel incident thereto.

♦ Family Doctor: ____________________________ Phone: ______________

♦ Family Dentist: ____________________________ Phone: ______________

♦ Medical Insurance: ____________________________
(Name of Company) (Phone Number)

♦ Medical Insurance: ____________________________, ____________________________, ____________________________
(ID Number) (Group Number) (Member’s Name)
Medical History: Allergies, if any, including medication and foods
________________________________________________________

Chronic or existing diseases or medical problems (e.g. diabetes, epilepsy):
________________________________________________________

Medicines my child is now taking and dosage:
________________________________________________________

Storing/Administering Non/Prescription Medications at Summer Programs:
I understand and acknowledge by my signature below that the University of Notre Dame is not responsible for the storage or administration of any prescription or non-prescription medication for my child. My son or daughter is capable of taking his or her own medication(s) throughout his or her stay at Notre Dame, or that one of my child’s parents or his or her legal guardian will be personally present and available to administer the medication to my child throughout the program. I know that Notre Dame staff will not store or administer medications, prescription or non-prescription, for my child during the program. If I decide that my child can take his or her own medication during the program, I will exercise best efforts to remind my child to take his or her medication.

Date child received last Tetanus injection or booster (if known):
________________________________________________________

Any physical restrictions:
________________________________________________________

Emergency Contact Information:
I, (we) can be reached at the following phone numbers(s) in an emergency:
___________________________________________________________________________________

(Print Name and Location) (Phone)

(Print Name and Location) (Phone)

Signatures:
________________________________________________________ Dated ___________________________
(Signature(s) of Parent(s)/Legal Guardian(s))

________________________________________________________ Dated ___________________________
(Signature(s) of Parent(s)/Legal Guardian(s))
CODE OF CONDUCT For Summer High School Residents

The policy information listed below is relevant to your residency in a Notre Dame residence hall during the Vision Program. For more information or clarification on these and other responsibilities, please contact the Vision office at 574-631-7425.

Community We encourage residents to build community by interacting with others in a positive and supportive attitude. With any living arrangement, problems can develop. It is imperative to show mutual respect and consideration for one another. Before you act, think about the consequences. More often than not, your actions can be redirected in a more constructive manner. Your residence hall is made up of people with a variety of backgrounds and lifestyles. Your Mentors will help you build community with the other Vision participants.

Visitation High school students enrolled in summer programs may not enter any residence halls except the one to which they are assigned nor may they have visitors. Undergraduate students (other than those working in the Vision program) are prohibited from visiting the residence halls of high school program participants. Adult participants in the Vision CYM program are not permitted to enter the high school dorms and high school participants may not enter the CYM dorms at any time.

Alcohol, Drugs & Gatherings High school program participants may not possess or consume alcohol on the campus. The use of illegal drugs or abuse of prescribed medications is also prohibited. Moreover, social gatherings of any type where alcohol is present are off limits to high school program participants. Violations will result in removal from the residence hall and the Vision program, without a refund. No alcohol is allowed in the Vision dorms at any time throughout the summer.

Smoking Smoking is prohibited on campus and in all areas of the residence halls. In addition, the burning of incense and candles is prohibited.

Room Entry The University reserves the right to enter rooms without a search warrant for the purpose of maintenance, security, discipline and the orderly operation of an educational institution.

Quiet Hours Each high school program participant has a right to an atmosphere helpful for sleep beginning at 10:00 p.m. every evening. Quiet hours are violated with such activities as shouting, yelling or talking on cell phones in the hallways, a gathering of residents in a room that can be heard in the hallway, loud TV or music, and any other activity that disturbs others. Residents should be courteous of each other’s needs and must immediately cease any noise or activity that is disturbing someone else, regardless of the time.

Curfew All high school students enrolled in the Vision program must be in their assigned residence halls by 10:30 p.m. All high school students must be in their assigned rooms with lights out by 11:30 p.m. each night.

Personal Conduct Notre Dame is a Catholic university and expects high school program participants to exemplify the standards of Christian morality in their lives. Any activity, which offends these standards, will lead to removal from the residence hall and the Vision program, without a refund.

Maintenance All maintenance issues should be reported to the residence hall staff or the Front Desk.

Theft/Vandalism Any theft or unauthorized possession of University or personal property is prohibited. High school program participants vandalizing University or another’s property will be removed from the residence hall and the Vision program, without a refund.

Corridors Athletic activity of any kind (basketball, golf, soccer, volleyball, wrestling, Frisbee throwing, rollerblading, lacrosse, etc.) is absolutely prohibited in the corridors/hallways.

Fireworks/Weapons The possession or use of any form of fireworks or weapons is prohibited. A high school program participant using or possessing any form of fireworks or weapons will be removed from the residence hall and the Vision program, without a refund.

Fire Alarm System Fire alarm systems and other fire equipment such as smoke detectors, portable fire extinguishers and sprinkler systems are installed in buildings for safety and protection of all residents. Malicious tampering with or misuse of these devices and system components will result in removal of all persons involved from the residence hall and the Vision program, without a refund.

Keys Keys are each resident’s responsibility. Keys must remain on the resident’s lanyard at all times. Lost keys compromise the safety of all residents and should be reported immediately to the hall staff. The fine for a lost key is $100.

Furniture All University room furniture must remain in individual rooms and not be removed from its location, including beds. Lounge furniture should not be moved into rooms or to other locations.

Damage Any damage to a residence hall room or its furnishings will be charged to the occupants of the room. All residence hall rooms, hallways, and common areas are inventoried prior to move-in and are inventoried again following move-out. Damages, shortages, and rule violations are noted, and programs are billed accordingly.

Electrical Appliances To meet fire, health and safety requirements, the University must discourage the use of electrical appliances in individual rooms. The use of the following electrical appliances is prohibited in all residence halls: air conditioners, broilers, rotisseries, ceiling fans, skillets, rice cookers, dimmer switches, hot plates, microwaves, toaster ovens, hot pots, toasters, and other such high wattage and heating appliances.

Vision Mentors & Hall Staff Vision Mentors will serve as “resident assistants” in the dorms and will be the primary contact and first responders to the high school students during their stay. Additionally, Residence Hall Staff are available in the dorms and may be contacted with an issue related to the dorm itself, or in case of emergency. Parents are asked to not contact residents via the staff members unless it is an emergency.

I have read and agree to the rules and regulations hereby outlined. I understand that violation of these rules may result in my immediate dismissal from the program without reimbursement.

Signature of Participant

Signature of Parent/Guardian
SUMMER SAFETY AT NOTRE DAME

This information is designed to help guests and summer residents maintain a reasonably safe environment for themselves and their property during their stay on the Notre Dame campus. We invite you to become familiar with the University community and our campus and to understand policies and procedures concerning security, fire safety and weather related emergencies.

SAFETY AND SECURITY AT NOTRE DAME

The University of Notre Dame is a community of more than 10,000 students, located on 1,250 acres, near the City of South Bend. South Bend has a population of more than 100,000 residents. As part of that larger community, Notre Dame shares many of the same interests and problems, including concern about crime. While Notre Dame has experienced few major problems to date with crime on campus, any college campus is subject to the inherent risks of criminal behavior. Life at Notre Dame poses some of the same risks and crime problems as life elsewhere in American society at large.

The Notre Dame Security Police Department is located on the first floor of the Security Building, which is in Hammes Mowbray Hall.

THE NOTRE DAME SECURITY POLICE DEPARTMENT

The department provides 24-hour, 7-days-a-week service and protection for the Notre Dame community.

The Security Police Department strives to help prevent crime, provides highly visible security patrols, and responds quickly to the needs of individuals on campus and in the University community as a whole. Crimes involving violence, major property loss, or felony charges are reported immediately by the department to the appropriate city, county or state agencies.

In the event of an emergency, or when a serious criminal incident has occurred, the department will use appropriate channels to notify the Notre Dame community. Students, faculty, staff and guests are strongly urged to report any criminal or suspicious incident to the Security Police Department. An officer will be dispatched promptly to respond to each complaint and will evaluate the incident, take appropriate action, and notify the necessary university officials. There are a number of emergency telephones scattered throughout the campus for this purpose. Each provides an instant link with Security/Police - no dialing is required - and the dispatcher knows immediately where the call is coming from.

CRIME PREVENTION TIPS

Guests on campus are reminded that safety is a shared responsibility. The University encourages everyone on campus to use common sense and caution to help protect themselves and their property. The Notre Dame Security Police Department is working hard to keep our campus reasonably safe, but it needs your help to reduce theft, assault, sexual assault and other crimes and to keep others from becoming victims. The University’s current campus crime statistics are available upon request from the Notre Dame Security Police Department.

Remember:
- Do not prop doors
- Draw curtains at night
- Lock your windows and doors
- Keep all valuables secured
- Do not give unknown persons access to residence halls, buildings or rooms
- Trust your instincts
- Call Notre Dame Security Police if you witness suspicious activity
- Minimize walking alone on campus after dark

EMERGENCY MEDICAL SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>ND Security Police Department</td>
<td>911 or (574) 631-5555</td>
</tr>
<tr>
<td>Ambulance</td>
<td>911</td>
</tr>
<tr>
<td>University Health Services</td>
<td>631-8794</td>
</tr>
<tr>
<td>Poison Control</td>
<td>1-800-222-1222</td>
</tr>
<tr>
<td>St. Joseph Medical Center</td>
<td>237-7264</td>
</tr>
</tbody>
</table>

Memorial Hospital

Fire safety is a major concern of the University of Notre Dame. Each residence hall on campus is equipped with an automatic smoke detection system, a sprinkler system and posted evacuation routes. Each student room is equipped with a smoke detector. Familiarize yourself with your best evacuation route(s) and know at least two exits from the building. Also be aware of the location and operation of the nearest fire alarms and fire extinguishers.

If you discover fire, smoke or another emergency situation, you should:

1. Notify Security Dispatch (911) and provide:
   a. Your name
   b. Building
c. Location of emergency
d. Type of emergency
2. Close all doors to the room of fire origin or other hazard when leaving
3. Activate the fire alarm at nearest manual station in the hallway, if necessary.
4. NEVER USE AN ELEVATOR IN THE CASE OF SMOKE OR FIRE
5. Leave the building through the nearest exit. Some buildings have evacuation routes posted in the hallways.
6. Meet at the designated location outside the building. Do not assemble in fire lanes or near the building.
7. Do not re-enter the building unless given clearance from the Notre Dame Fire Department or its designee.

If you are trapped in a building because of smoke, heat, flames or other hazard and cannot find an escape route.

1. Leave the room door closed.
2. Contact Security at 911 and give your exact location to the Dispatcher.
3. Smoke accumulates at the ceiling and works its way down. Stay close to the floor where the air is fresh.
4. Remain calm. Help is on the way.

Persons Needing Assistance

During evacuation drills and actual emergencies, persons needing assistance should be helped to the nearest fire escape, window door or stairway door for their increased protection and to make rescue easier for trained emergency personnel. In no case should emergency action obstruct the exit routes for others or subject others to injury.

Rescue/Medical Response

To the extent possible, rescue and/or medical duties should be performed only by trained and qualified persons, including without limitation ND Security Police, ND Fire Department or other trained medical personnel, including Red Cross or student trained first responders.

WEATHER EMERGENCIES

Lightning
A typical lightning bolt contains several hundred million volts at 30,000 or more amperes.

If you are inside:
1. Avoid windows during an electrical storm.
2. Avoid using electrical appliances and stay away from all metal objects during a storm.
3. Don’t go outside.

If you are outside:
1. Avoid electrical lines.
2. Stay away from flag poles, towers, trees and metal fences.
3. A closed automobile provides a protective shell but if the vehicle is struck do not touch anything metal in the interior.
4. If caught out in the open, stay low. If your hair begins to stand on end, crouch low to the ground and balance yourself on the balls of your feet. Do not touch the ground with your hands, knees, elbows, etc.

Tornadoes
A tornado warning is issued when a tornado has been sighted in the area.

If you are inside:
1. Do not leave the building during a tornado warning.
2. All occupants should move to an interior room or hall on the lowest level, avoiding windows and large rooms, auditoriums or gymnasiums.
3. Get in a crouched position, head between knees with hands protecting the back of the head.

If you are outside:
1. Never try to outrun a tornado in your vehicle.
2. Drive to the nearest building or seek shelter in a ditch or ravine.

ALCOHOL AND DRUG POLICIES

The University of Notre Dame strives to comply with all federal, state and local laws – including those regulating the possession, use, sale of alcoholic beverages and controlled substances.

Indiana State Law requires that you must be at least 21 years of age in order to purchase, sell, possess or consume alcoholic beverages.

The use, possession, purchase and/or sale of illicit drugs on campus poses a threat to the health and safety of all members of the Notre Dame Community and is not permitted on University Property at any time. Violations will be investigated and criminal prosecution may result.
Avoid shipping charges on your t-shirt or poster by mailing in your order form now. Your souvenir t-shirt and/or poster will be waiting for you at registration this summer at Notre Dame Vision.

**Please note:** all Notre Dame Vision participants receive a white short-sleeve t-shirt with their program materials upon check-in; all Vision CYM (adult) participants receive a short-sleeve black t-shirt.

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Size (circle)</th>
<th>Cost</th>
<th>Quantity</th>
<th>Total</th>
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<td>S M L XL</td>
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<td>S M L XL</td>
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<td>XXL XXXL</td>
<td>$20 each</td>
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<tr>
<td>Long Sleeve T-Shirt</td>
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<td></td>
<td>Light Blue w/ Navy Print</td>
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<tr>
<td>Poster</td>
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<td>18in x 24in</td>
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</table>

Please send this order form along with payment by check, made out to Notre Dame Vision, or cash to:

**Notre Dame Vision Store**
334 Geddes Hall
Notre Dame, IN 46556

Your order will be ready for pick up upon check-in at Notre Dame Vision this summer!

**For Office Use Only:**
Pmt:
Ck #:
Entered:
Notre Dame Vision Packing List

Required:
You will be staying in a college dorm room that will only have a bed, dresser, desk, chair, and closet/storage area. There is no air-conditioning in the Vision dorms.

- Bed Linens (extra-long twin sheets)
- Blanket
- Towel
- Toiletries
- Pillow
- Alarm Clock
- Sweatshirt/Sweater
- Water Bottle
- Athletic Attire (for Scavenger Hunt)
- Spending Money (bookstore purchases and Notre Dame Vision merchandise)

Recommended:
- Fan (there is no A/C in the dorms)
- Shower Shoes/Sandals
- Outdoor Sports Equipment
- Playing Cards, etc.
- Raincoat/Poncho/Umbrella
- Watch
- Bible
- Journal
- Sunscreen
- Bug Spray
- Allergy Medication (if applicable)
- Snack Food
Arriving At Notre Dame Vision

If you are **driving to campus**, please follow the **yellow arrows** from Exit 77 of the Toll Road straight onto the new Douglas Road to park in one of the D2 lots highlighted in **blue**. Leave your luggage in your car and walk to Geddes Hall for Registration following the **blue arrows**.

If you are **flying into South Bend**, ask the taxi driver to drop you off at Library Circle (marked in **purple**) and walk to Geddes Hall following the **blue arrow**.

If you are **riding the bus from the Chicago Airports**, you will be dropped off at the Main Gate (marked in **red**). Follow the **red arrows** to Geddes Hall.

At Registration in Geddes Hall (marked in **green**) you will be given directions about moving into your assigned dormitory.