



Preferred Parent Program Membership Form

Date: _____

Please Print Clearly **All Fields Required**

<u>Last Name:</u>	
<u>First Name:</u>	
<u>Spouse's Name:</u>	
<u>Address:</u>	
<u>Email Address:</u>	
<u>Phone Number:</u>	
<u>Cell Number:</u>	
<u>Priority Club Number:</u>	
<u>Child's Name</u>	
<u>Will you have more than one child attending Miami? Year and Name:</u>	

Dates of Interest (check all that apply)

Year (s)	2012	2013	2014	2015	2016	2017
Family Weekend						
Spring Graduation ONE ROOM PER GUEST						

***You must spend at least one night in our hotel before you are considered an active member!**

***Mail or fax the membership form to:**

**The Elms Holiday Inn
75 South Main Street
Oxford, Ohio 45056**

Phone: 513-524-2002

Fax: 513-524-2003