Annex F Participation Agreement / Overnight Permission Form

To whom it may concern:

I give permission for my (daughter/son), stay at Old Dominion University overnight in a room with (ODU student)		, to)
(room)	in (residence hall)	from
(dates)		_to

Please feel free to contact me anytime if you have any questions in regard to this visit to campus. Thanks!

Parent's Name/Signature

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Parent's Contact Number

If student is a recruit, please complete following:

Sport

Coach's signature