RHA invites you to host your siblings (ages 5-16) on October 19-20, 2018. Siblings will reside in the residence halls and attend activities all weekend long, planned just for them.

**Schedule of Events**

**Friday October 19**

4:00 p.m. - 7:00 p.m. | Registration, Towers MPR
Register, make your own Trick-or-Treat Bag & enjoy dinner!

7:00 p.m. | Dancing with the Dukes, Union Ballroom ($5 at the door)
7:00 p.m. | DPC *The Incredibles 2*, NiteSpot (Union 1st Floor)
7:00 p.m. | Volleyball vs. George Mason, AJ Palumbo Center
8:00 p.m. | Family Jam, Red Ring Restaurant
9:00 p.m. - 11:00 p.m. | DPC Milkshake Night, NiteSpot (Union 1st Floor)

**Saturday October 20**

10:30 a.m. - 1:30 p.m. | Morning Brunch, Hogan Dining Hall
12:30 p.m. - 4:00 p.m. | Carnegie Science Center: Depart from the Union
**We suggest you bring money for snacks and souvenirs**
1:00 p.m. - 3:00 p.m. | Inflatable Games, Academic Walk
4:00 p.m. - 6:30 p.m. | Dinner, Hogan Dining Hall
7:00 p.m. | Men’s Soccer vs. Rhode Island, Rooney Field
8:00 p.m. | RHA Spooky Fest, Towers MPR
6:00 p.m. - 11:00 p.m. | Greek Life Carnival, Union Ballroom ($5 at the door)

**Sunday October 21**

9:00 a.m. | Celebrate Mass, Power Center Ballroom
10:30 a.m. - 1:30 p.m. | Morning Brunch, Hogan Dining Hall
1:00 p.m. | Women’s Soccer vs. Fordham, Rooney Field
1:00 p.m. | Volleyball vs. George Washington, AJ Palumbo Center

Registration Due by October 17, 2018 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 17 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 19**

- Dinner, Hogan Dining Hall
- *The Incredibles 2*, NiteSpot (Union 1st Floor)
- DPC Milkshake Night, NiteSpot (Union 1st Floor)

**Saturday, October 20**

- Morning Brunch, Hogan Dining Hall
- Carnegie Science Center
- Dinner, Hogan Dining Hall
- RHA Spooky Fest, Towers MPR

**Sunday, October 21**

- Celebrate Mass, Power Center Ballroom
- 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