

**Cohen Center for Holocaust & Genocide Studies**  
United States Holocaust Memorial Trip  
Participant Information

**Name:** \_\_\_\_\_ **Student ID #** \_\_\_\_\_

**Major:** \_\_\_\_\_

**Class:**  Freshman  Sophomore  Junior  Senior

**Cell Phone #** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Roommate preference?** \_\_\_\_\_

**How did you hear about the trip?** \_\_\_\_\_

\_\_\_\_\_

**Is this your first trip to the Museum?** \_\_\_\_\_

\_\_\_\_\_

A Bag Lunch will be provided on Saturday, March 5<sup>th</sup>. Please indicate below your preference of sandwiches.

Sliced Turkey Breast on a Kaiser Roll

Albacore Tuna on a Kaiser Roll

Egg Salad on a Kaiser Roll

Peanut Butter & Jelly

Vegetable Wrap

To Drink:

soda  bottled water