



*Kankakee Community College*

## Information Nights Reservation Form

Please complete, save file as a PDF document, and e-mail as an attachment to [jlareau@kcc.edu](mailto:jlareau@kcc.edu)

**Date** \_\_\_\_\_

**Name:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (Middle)

**Address:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Street) (City) (State) (ZIP)

**Phone: Home** \_\_\_\_\_ / **Cell/Alternate** \_\_\_\_\_  
( ) ( )

**E-mail address** \_\_\_\_\_

**Information session desired:**