REUNION & COMMENCEMENT WEEKEND, 25-28 MAY '17

WESLEYAN 5TH REUNION CLASS OF 2012

We strongly encourage registration online at <u>www.wesleyan.edu/rc</u>.

If you prefer to register by mail, please send us this form by May 12 to: Wesleyan University c/o Reunion & Commencement Weekend 330 High Street Middletown, CT 06459

Please clearly print the names of every attendee in your party and indicate their relationship to Wesleyan.

SECTION 1 – PERSONAL INFORMATION

		PLEASE CHECK ALL THAT APPLY				
LAST NAME	FIRST NAME	Wesleyan Student or Alumnus/a	WESLEYAN PARENT	CHILD UNDER 18	OTHER	WESLEYAN CLASS/PARENT YEAR (IF APPLICABLE)

CONTACT INFORMATION

ADDRESS _____

CITY ______ STATE _____ ZIP_____ COUNTRY (IF OTHER THAN U.S.) _____

DAYTIME PHONE (_____) _____E-MAIL ADDRESS

□ NEW/UPDATED INFORMATION

SECTION 2 – GENERAL REGISTRATION FEE

REUNION REGISTRATION FEE This fee covers all weekend activities, parties, and meals, including lunch and dinner on Friday, lunch and dinner on Saturday, brunch on Sunday, live music throughout the weekend, reunion regalia, class specific activities, WESeminars, and much more!

person(s) over 18 @ \$75/person

SECTION 2 SUBTOTAL: \$ ____

SECTION 3 – MEALS

All meals, Friday night class reception open bar, and class dinner open bar are included in the cost of your registration. For catering and planning purposes, please tell us the number of people who will attend each of the meals listed below.

FRIDAY WELCOME PICNIC

____ person(s)

____ child(ren) 18 and under

FRIDAY RED, BLACK & GREEN! DINNER

____ person(s)

____ child(ren) 18 and under

SATURDAY ALL COLLEGE PICNIC & FESTIVAL ON FOSS HILL

____ person(s)

____ child(ren) 18 and under

SATURDAY REUNION CLASS DINNER

- ____ person(s)
- ____ child(ren) 18 and under

SUNDAY BRUNCH

- ____ person(s)
- _____ child(ren) 18 and under

SECTION 4 – CAMP CARDINAL

FRIDAY (includes dinner) 3 p.m.-midnight ______ child(ren) @ \$50 per child SATURDAY (includes dinner and snack) 4 p.m.-midnight ______ child(ren) @ \$50 per child

SATURDAY (includes lunch and snack) 9 a.m.-4 p.m. _____ child(ren) @ \$50 per child

Name and age of each participating child:

SECTION 4 SUBTOTAL: \$ _____

SECTION 5 – RESIDENCE HALL ROOM RESERVATIONS

There are a limited number of on-campus rooms available to alumni on a first-come, first served basis. Occupancy begins Thursday at 9 a.m. and ends Sunday at 1 p.m.

- Alumni and guests are charged a flat rate of \$150 per twin bed, regardless of the number of nights they choose to stay.
- Almost all rooms are doubles or triples, and we recommend that you reserve one bed per adult. Beds can be moved or pushed together.
- Basic linens (including sheets, a light blanket, a pillow, a pillowcase, and a towel) are provided.
- Residence hall room assignments will be given out at registration upon arrival on campus. We apologize that assignments cannot be made available in advance of reunion.

I do not require on-campus lodging.

____I would like one bed, and I wish to share a room with_____

(NOTE: if your preferred roommate does not register to stay in the dorms or if you do not list a roommate preference, you may be paired with another alumnus from your class.)

_____I would like one bed, and I do not have a roommate preference. I understand I may be assigned to a room with another member of my class.

_ I/we would like two beds and understand that I/we will be assigned to a double or with no other roommate.

___ person(s) at \$150 per person/bed (includes Thursday – Saturday nights)

SECTION 5 SUBTOTAL: \$ _____

SECTION 5 – PAYMENT

SECTION 2 SUBTOTAL	\$
SECTION 4 SUBTOTAL	\$
SECTION 5 SUBTOTAL	\$

Please add this amount to my registration for financial aid through the Wesleyan Fund: \$_____

TOTAL for all Sections:	\$					
Registrations must be c	ostm	arke	ed I	by Ma	v 12.	2017.

TOTAL \$			
FORM OF PAYMENT: CHECK (NUMBER)			
VISA MASTERCARD AMERICAN EXPRESS	DISCOVER		
ACCOUNT NUMBER (PLEASE PRINT CLEARLY)			
EXPIRATION DATE NAME AS IT APPEARS ON CARD			
SIGNATURE			