We strongly encourage registration online at [www.wesleyan.edu/rc](http://www.wesleyan.edu/rc).

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

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>PLEASE CHECK ALL THAT APPLY</th>
<th>WESLEYAN STUDENT OR ALUMNUS/A</th>
<th>WESLEYAN PARENT</th>
<th>CHILD UNDER 18</th>
<th>OTHER</th>
<th>WESLEYAN CLASS/PARENT YEAR (IF APPLICABLE)</th>
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**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 overhead costs, registration materials, activities, parties, WEseminars, reunion regalia, and much more!

____ person(s) over 18 @ $65/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) @ no charge for WESeniors (Classes of 1940-1966) and their guests

**FRIDAY RED, BLACK & GREEN! DINNER**

____ person(s) @ no charge for WESeniors (Classes of 1940-1966) and their guests

**FRIDAY SHABBAT DINNER**

____ person(s) @ $20 per person (includes Wesleyan Students)

____ child(ren) @ $8 per child (age 12 and under)

**SATURDAY LUNCH WITH THE PRESIDENT**

____ person(s) @ no charge for WESeniors (Classes of 1940-1966) and their guests

**SATURDAY REUNION CLASS RECEPTION AND BANQUET**

____ person(s) @ no charge for WESeniors (Classes of 1940-1966) and their guests

**SUNDAY BRUNCH**

____ person(s) @ no charge for WESeniors (Classes of 1940-1966) and their guests

**SECTION 3 SUBTOTAL: $______**
### 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  

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

<table>
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<tr>
<th>SECTION</th>
<th>SUBTOTAL</th>
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Please add this amount to my registration for financial aid through the Wesleyan Fund: $________

TOTAL for all Sections: $________

Registrations must be postmarked by May 12, 2017.

**TOTAL $________**

**FORM OF PAYMENT:**  
_____ CHECK (NUMBER ____________)  
_____ VISA  
_____ MASTERCARD  
_____ AMERICAN EXPRESS  
_____ DISCOVER

**ACCOUNT NUMBER (PLEASE PRINT CLEARLY) ____________ SECURITY CODE ____________**

**EXPIRATION DATE ______ NAME AS IT APPEARS ON CARD ____________**

**SIGNATURE ________________________________________________**