REUNION & COMMENCEMENT WEEKEND, 25-28 MAY ’17  
WESLEYAN 45TH REUNION CLASS OF 1972

We strongly encourage registration online at 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 CLASS/PARENT YEAR (IF APPLICABLE)</th>
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<td>WESLEYAN STUDENT OR ALUMNUS/A</td>
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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**

**FRIDAY WELCOME PICNIC**

_____ person(s) @ $20 per person (includes Wesleyan students)
_____ child(ren) @ $10 per child (age 12 and under)

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

_____ person(s) @ $20 per person (includes Wesleyan students)
_____ child(ren) @ $10 per child (age 12 and under)

**FRIDAY SHABBAT DINNER**

_____ person(s) @ $20 per person (includes Wesleyan students)
_____ child(ren) @ $10 per child (age 12 and under)

**SATURDAY ALL COLLEGE PICNIC & FESTIVAL ON FOSS HILL**

_____ person(s) @ $15 per person (includes Wesleyan students)

**SATURDAY REUNION CLASS DINNER**

_____ person(s) @ $55 per person

**SUNDAY BRUNCH**

_____ person(s) @ $20 per person (includes Wesleyan students)
_____ child(ren) @ $10 per child (age 12 and under)

**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: $_____**

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**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: $_____**

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**SECTION 5 - PAYMENT**

SECTION 2 SUBTOTAL $__________________________
SECTION 3 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 postmarked by May 12, 2017.

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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 ________________________________________________________