REUNION & COMMENCEMENT WEEKEND, 25-28 MAY ’17
WESLEYAN 40TH REUNION CLASS OF 1977

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

If you prefer to register by mail, please send 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

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<th>LAST NAME</th>
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Please check all that apply:

- [ ] WESLEYAN STUDENT OR ALUMNUS/A
- [ ] WESLEYAN PARENT
- [ ] CHILD UNDER 18
- [ ] OTHER

### 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, WESeinmars, 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: $ _____**
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: $_____

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

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 3 SUBTOTAL $________________________
SECTION 4 SUBTOTAL $________________________
SECTION 5 SUBTOTAL $________________________

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 __________________________