# REUNION & COMMENCEMENT WEEKEND, 25-28 MAY ’17
## WESLEYAN 30TH REUNION CLASS OF 1987

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>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

**FRIDAY WELCOME PICNIC**  
_____ person(s) @$20 per person(s) (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 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 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.

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 ___________________________