REUNION & COMMENCEMENT WEEKEND
WESLEYAN PARENTS AND FAMILIES OF GRADUATES

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>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 __________________________

SECTION 2 - MEALS

FRIDAY WELCOME PICNIC
____ Person(s) @ $20 per person (including wesleyan students)
____ child(ren) @ $10 per child age 12 and under

FRIDAY RED, BLACK & GREEN! DINNER
____ person(s) @ $20 per person (including wesleyan students)
____ child(ren) @ $10 per child (12 and under who are not taking part in camp cardinal)

FRIDAY SHABBAT DINNER
____ person(s) @ $20 per person (including wesleyan students)
____ child(ren) @ $10 per child (12 and under who are not taking part in camp cardinal)

SATURDAY ALL COLLEGE PICNIC & FESTIVAL ON FOSS HILL
____ person(s) @ $15 per person (including wesleyan students)

SUNDAY BRUNCH
____ person(s) @ $20 per person (including wesleyan students)
____ child(ren) @ $10 per child age 12 and under

SECTION 2 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

SATURDAY (includes dinner and snack) 4 p.m.-midnight
____ child(ren) @ $50 per child

Name and age of each participating child:

__________________________________ ________
__________________________________ ________
__________________________________ ________

SECTION 3 SUBTOTAL: $ _____

SECTION 3 – CAMP CARDINAL

SECTION 4 – PAYMENT

SECTION 2 SUBTOTAL $ _________________
SECTION 3 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 _____________________________________________________________________________