

# REUNION & COMMENCEMENT WEEKEND, 25-28 MAY '17

## WESLEYAN 30<sup>TH</sup> 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

LAST NAME	FIRST NAME	PLEASE CHECK ALL THAT APPLY				WESLEYAN CLASS/PARENT YEAR (IF APPLICABLE)
		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, 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: \$ \_\_\_\_\_**

## 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

**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.

SELECT ONE:

\_\_\_\_\_ 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 \_\_\_\_\_