

REUNION & COMMENCEMENT WEEKEND, 25-28 MAY '17

WESLEYAN 50TH REUNION CLASS OF 1967

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

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 weekend activities, parties, and meals, including dinner on Thursday, lunch and dinner on Friday, lunch and dinner on Saturday, brunch on Sunday, live music throughout the weekend, reunion regalia, class specific activities, WESeminars, and much more!

_____ person(s) over 18 @ \$250/person

SECTION 2 SUBTOTAL: \$ _____

SECTION 3 – MEALS

All meals and beverages are included in the cost of your registration. For catering and planning purposes, please tell us the number of people who will attend each of the meals listed below.

THURSDAY 50th REUNION RECEPTION & DINNER

_____ person(s)
_____ child(ren) 18 and under

FRIDAY PRESIDENT'S 50th REUNION DINNER*

_____ person(s)
_____ child(ren) 18 and under

SATURDAY REUNION CLASS DINNER

_____ person(s)
_____ child(ren) 18 and under

FRIDAY WELCOME PICNIC LUNCH

_____ person(s)
_____ child(ren) 18 and under

SATURDAY ALL-COLLEGE LUNCH & FESTIVAL ON FOSS HILL

_____ person(s)
_____ child(ren) 18 and under

SUNDAY BRUNCH

_____ person(s)
_____ child(ren) 18 and under

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 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 _____