

REUNION & COMMENCEMENT WEEKEND, 25-28 MAY '17

WESLEYAN 25TH REUNION CLASS OF 1992

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 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 _____