

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

## WESLEYAN 10<sup>TH</sup> REUNION CLASS OF 2007

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 weekend activities, parties, and meals, including 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 @ \$125/person

SECTION 2 SUBTOTAL: \$ \_\_\_\_\_

### SECTION 3 – MEALS

All meals, Friday night class reception open bar, and class dinner open bar 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.

#### FRIDAY WELCOME PICNIC

\_\_\_\_ person(s)  
\_\_\_\_ child(ren) 18 and under

#### SATURDAY REUNION CLASS DINNER

\_\_\_\_ person(s)  
\_\_\_\_ child(ren) 18 and under

#### FRIDAY RED, BLACK & GREEN! DINNER

\_\_\_\_ person(s)  
\_\_\_\_ child(ren) 18 and under

#### SUNDAY BRUNCH

\_\_\_\_ person(s)  
\_\_\_\_ child(ren) 18 and under

#### SATURDAY ALL COLLEGE PICNIC & FESTIVAL ON FOSS HILL

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