

# REUNION & COMMENCEMENT WEEKEND

## WESLEYAN PARENTS AND FAMILIES OF GRADUATES

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 – 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: \$ \_\_\_\_\_

## SECTION 3 – CAMP CARDINAL

**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 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 \_\_\_\_\_