

Alumnae Information

Name _____
(First, College Last, Current Last, Preferred First as it should appear on name tag)

Address _____
(Street, City, State, Zip, Nation)

Emergency Contact (not attending reunion) _____

Telephone _____

Relationship and Telephone Number _____

E-mail _____ New information above,
please update my records.

Any pre-existing conditions that may be helpful
to medical personnel in case of an emergency.
(optional) _____

Guests' Names (as they should appear on name tags) _____

Children's Names (as they should appear on name tags) _____

Registration Fee

The registration fee combined with the Alumnae Association's substantial subsidy make reunion weekend possible. After May 20, alumnae must register and reserve meals and on-campus housing at Central Check-In during reunion weekend. However, meal and room availability will be limited and are not guaranteed.

Early Registration Fee (*Postmarked by April 29, 2008.*)

Number of Alumnae _____ x \$60 = _____

Number of Guests _____ x \$60 = _____

Children 2–18 years old _____ x \$10 = _____

Registration Fee (*Postmarked between April 30 and May 20, 2008.*)

Number of Alumnae _____ x \$100 = _____

Number of Guests _____ x \$100 = _____

Children 2–18 years old _____ x \$15 = _____

Total Cost = _____

On-campus Housing
(includes breakfast)

Alumnae and guests who wish to stay on campus during reunion weekend must pay the registration fee plus the cost of housing. The cost includes towels, linens, two blankets per bed, and breakfast. Each class is assigned to a residence hall. You may request a single room; otherwise, we will try our best to accommodate all rooming requests.

I will **not** need a room

I will need a room (please fill in all information below):

Friday night Number of twin beds _____ x \$60/bed = _____

Saturday night Number of twin beds _____ x \$60/bed = _____

I would like a single room I would like to share a room

I prefer to share a room with _____

I prefer to room near _____

Total Cost = _____

Class Insignia

Wear your green, faux pashmina scarf to show class spirit in the Alumnae Parade!

No. pashminas _____ x \$15 = _____

Total Cost = _____

Class Spirit Fund

Voluntary contribution so that every classmate can afford to attend and enjoy a first-class reunion.

Yes, I would love to help my classmates attend reunion.

Contribution = _____

Friday First Night Dinner

Join all of the reunion classes for dinner under the big tent on Severance Green.

Dinner buffet No. Adults _____ x \$32 + No. Children _____ x \$15 = _____

Vegetarian buffet No. Adults _____ x \$32 + No. Children _____ x \$15 = _____

Total Cost = _____

Saturday Picnic

Come for food, fun, free ice cream and a perfect time to reconnect.

Picnic buffet No. Adults _____ x \$15 + No. Children _____ x \$10 = _____

Vegetarian buffet No. Adults _____ x \$15 + No. Children _____ x \$10 = _____

Total Cost = _____

Saturday Class Supper

Celebrate reunion at a delightful sit-down dinner carefully chosen with you in mind.

Chicken
No. Adults _____ x \$50 = _____

Salmon
No. Adults _____ x \$50 = _____

Vegetarian Option
No. Adults _____ x \$50 = _____

Total Cost = _____

Sunday Class Picnic

Come reminisce about the weekend, chatting with new friends you will have made, and the old "haunts" you will have visited.

Box Lunch: Beef
No. Adults _____ x \$15 = _____

Box Lunch: Chicken
No. Adults _____ x \$15 = _____

Box Lunch: Vegetarian
No. Adults _____ x \$15 = _____

Total Cost = _____

If you have special dietary needs, please call the Reunion Reservation Office at 781-283-2321.

Class Record Book

For those of you who have not yet contributed to the cost of the record book, your donation would be welcome.

Yes, I would like to donate to offset the cost of the record book.

Contribution = _____

Financial Aid *If you need financial assistance to attend reunion, call the Alumnae Association at 781-283-2333. All requests will be kept confidential.*

Payment
Please add all blue "total cost" shaded sections (front and back). **Grand Total = _____**

I would like to pay by (circle one): VISA MasterCard Check (made out to Wellesley College Alumnae Association)

Card Number: _____/_____/_____/_____ Expiration Date (mm/yy): _____/_____

Name on Card: _____ Signature*: _____

Credit Card Billing Address (if different from front): _____

*(I hereby authorize the Wellesley College Alumnae Association to charge the above account for, and I agree to pay, the Grand Total amount. If there is a question regarding my total, the Reunion Reservation Office will contact me directly.)