# Mini Reunion Report

Name _____ Class _____
*(please print)*

Date of mini reunion: / /

Location:

Type of event *(luncheon, dinner, small gathering for cocktails, potluck, etc.)*:

Were participants charged? Y / N

If yes, how much? $

If no, how was the mini reunion funded?

Comments/Additional information:

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*Please return by fax to 781-283-3638 or mail to Wellesley College Alumnae Association, 106 Central Street, Wellesley, MA 02481-8203*