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# CLASS OF 1974

Reunion 2024 Registration

**Reunion Registration Deadline: May 13, 2024**  
**Register Online at [www.skidmore.edu/reunion](http://www.skidmore.edu/reunion)**

First Name	Maiden Name (if applicable)	Last Name
Address		
City, State, Zip		
Home Phone	Cell Phone	Work Phone
Email Address		Nickname for Nametag
Names of all guests attending (please include ages of children)		
<b>Any special circumstances that the College should know about to make additional preparations for your arrival:</b> Dietary Restrictions: _____ Mobility Concerns (i.e. difficulty with stairs): _____ Other: _____		

**Please let us know what day you plan to arrive for Reunion:**

- ☐ Thursday, May 30  
☐ Friday, May 31  
☐ Saturday, June 1

**REGISTRATION FEES** (Required of all attending Reunion)

*\*Early Bird Registration Fee will be applied to all Alumni Registrations postmarked on/before April 16, 2024*

		TOTAL
EARLY BIRD Alumni Fee (on/before 4/16/24)	# of guests ____ X \$25.00	\$
Alumni Fee (after 4/16/24)	# of guests ____ X \$75.00	\$
Guest Registration Fee	# of guests ____ X \$40.00	\$
<b>Children's Registration Fees</b> (includes housing and meals)		
Children ages 0-6	# of children ____ X FREE	\$
Children ages 7-12	# of children ____ X \$75.00	\$
Children ages 13-17	# of children ____ X \$100.00	\$
<b>REGISTRATION FEES SUBTOTAL</b>		<b>\$</b>

**HOUSING** (On campus in College Residence Hall)

*\*Pre-registration is required for on-campus housing. The housing deadline is April 26, 2024.*

		TOTAL
Thursday Night – On Campus	# of Adults needing Housing ____ X \$50.00	\$
Friday Night – On Campus	# of Adults needing Housing ____ X \$50.00	\$
Saturday Night – On Campus	# of Adults needing Housing ____ X \$50.00	\$
I/we will be staying Off Campus at:		
<b>HOUSING SUBTOTAL</b>		<b>\$</b>

Housing Requests: Please list **UP TO 4** other alumni/guests you would like to be housed with/near.  
*We will do our best to accommodate your request.*


**You're almost done! →**

<b>MEALS</b> (Pre-registration for all meals is required.) <i>*Please indicate the number of adults participating in each meal.</i> <i>*Do NOT include children in meal counts.</i>		SUBTOTAL	
<b>Thursday Dining</b>			
All Alumni Welcome Party, Case Center, Case Patio	# of Adults _____		
Class Picnic, Surrey Williamson Inn, Stone Courtyard	# of Adults _____		
<b>Friday Dining</b>			
Breakfast, Murray-Aikins Dining Hall	# of Adults _____		
Lunch, Murray-Aikins Dining Hall	# of Adults _____		
Reception & Dinner with President Marc C. Conner and Barbara Reyes- Conner, National Museum of Racing and Hall of Fame	# of Adults _____ X \$55.00		
<b>Dinner Meal Selections - PLEASE INDICATE THE QUANTITY FOR EACH ENTRÉE:</b> _____ All-Natural Flat Iron Steak _____ Roasted Norwegian Atlantic Salmon _____ Potato Gnocchi			
<b>Saturday Dining</b>			
Breakfast, Murray-Aikins Dining Hall	# of Adults _____		
Reunion Picnic, Upper South Park, Under the Tent	# of Adults _____		
Class Celebration Dinner, Scribner House, Carriage House	# of Adults _____ X \$55.00		
<b>Sunday Dining</b>			
Class Breakfast, Murray-Aikins Dining Hall, 2 <sup>nd</sup> floor	# of Adults _____		
<b>MEALS SUBTOTAL</b>			

A portion of your Reunion registration fee (\$5) will support an annual Alumni Association Scholarship which will be awarded to a current student. This gift will also count toward your class fundraising total and Skidmore's overall participation rate – a key measure of alumni pride – which is factored into external rankings. If you would prefer not to include a gift in your Reunion registration, please call the Office of Alumni Engagement at (518) 580-5610.

<b>To further support Skidmore students and faculty, please indicate your additional gift in the space provided to the right.</b>	<b>\$</b>
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**Please submit your registration form ONE TIME via online, mail, or fax.\*** Please contact the office with changes/additions.  
**Mail:** Office of Alumni Engagement, Skidmore College, 815 North Broadway, Saratoga Springs, NY 12866  
**Fax:** (518) 580-5669      **Phone:** (518) 580-5610 or (800) 584-0115 (TOLL FREE)  
*\* For your security – DO NOT include credit card information on forms that are being emailed or faxed. Please call the office between 8:30 a.m. and 4:30 p.m. EST to provide that information to an individual over the phone.*

<b>REUNION REGISTRATION PAYMENT</b>			
<b>TOTAL DUE</b>			<b>\$</b>
Payment Method (check one) _____ VISA      _____ MasterCard      _____ American Express      _____ Discover _____ Check/Money Order ("reunion registration" on memo line.)			 <b>DID YOU REMEMBER:</b> ➤ To include your payment? ➤ Indicate meal attendance? ➤ Indicate housing for all attending?
Cardholder (Please include billing address if different from address provided):			
Account Number	Exp.	CCV#	
Signature			