OFFICE USE	Date Processed	Initials	Housing		ISE ONLY • OFI	FICE USE ONLY
	<b>OF 1979</b> 24 Registration		<b>nion Registra</b> ster Online at			
First Name		Maiden	Maiden Name (if applicable) Last Name			
Address						
City, State, Zip						
Home Phone	Iome Phone Cell Phon		ne	Work Phone		
Email Address			Nickname for Name			
Names of all gues	sts attending (please inclu	ude ages of	children)			
Any special circ	umstances that the Co	ollege shou	Id know about to ma	ake additional r	preparations for vo	our arrival:
		-				
Dietary Restrict	tions:					
	(1) 11CC 1. 1.1 .					
Mobility Conce	rns (i.e. difficulty with sta	airs):				
Other:						
Other: Please let us kn	ow what day you plan					
Other: Please let us kn	<b>ow what day you plan</b> lay 30					
Other: Please let us kn	<b>ow what day you plan</b> lay 30					
Other: Please let us kn	<b>ow what day you plan</b> lay 30 31					
Other: <b>Please let us kn</b> $\bigcirc$ Thursday, M $\bigcirc$ Friday, May $\bigcirc$ Saturday, Ju	<b>ow what day you plan</b> lay 30 31 ne 1	to arrive f	for Reunion:			
Other: Please let us kn O Thursday, M O Friday, May O Saturday, Ju REGISTRATION	<b>ow what day you plan</b> lay 30 31	<b>to arrive f</b> all attendir	for Reunion:			TOTAL
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MEALS (Pre-registration for all meals is required.)							
*Please indicate the number of adults participating in each	SUBTOTAL						
*Do NOT include children in meal counts.							
Thursday Dining							
All Alumni Welcome Party, Case Center, Case Patio	# of Adults						
Class Meet Up, Bailey's, 37 Phila Street	# of Adults						
Friday Dining							
Breakfast, Murray-Aikins Dining Hall	# of Adults X \$10.00						
Lunch, Murray-Aikins Dining Hall	# of Adults X \$13.00						
Reunion Rendezvous Food Trucks Event, Upper South Park	# of Adults x \$25.00						
Class Meet Up, Tin & Lint, 2 Caroline St	# of Adults						
Saturday Dining							
Breakfast, Murray-Aikins Dining Hall	# of Adults X \$10.00						
Reunion Picnic, Under the Tent, Upper South Park	# of Adults X \$20.00						
Celebration Dinner, Falstaff's	# of Adults X \$55.00						
Sunday Dining							
Breakfast, Murray-Aikins Dining Hall, 1 <sup>st</sup> floor	# of Adults X \$10.00						
	MEALS SUBTOTAL						

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.

To further support Skidmore students and faculty, please indicate your additional gift in the space provided to the right.

\$

 Please submit your registration form ONE TIME via online, mail, or fax.\* Please contact the office with changes/additions.

 Mail: Office of Alumni , 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.

REUNION REGISTRATION PAYMENT								
	т	OTAL DUE	\$					
Payment Method (check one)								
VISA MasterCard American Express		_ Discover						
Check/Money Order ("reunion registration" on memo line.) Cardholder (Please include billing address if different from address	DID YOU REMEMBER:							
			<ul> <li>Indicate meal attendance?</li> </ul>					
Account	Exp.	CCV#	Indicate housing for all					
Number			attending?					
Signature	1	1						