

Reunion 2024 Registration

Reunion Registration Deadline: May 13, 2024
Register Online at 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) | | |
| Any special circumstances that the College should know about to make additional preparations for your arrival: | | |
| Dietary Restrictions: _____ | | |
| Mobility Concerns (i.e. difficulty with stairs): _____ | | |
| Other: _____ | | |

☐ Thursday, May 30

☐ Friday, May 31

☐ Saturday, June 1

| REGISTRATION FEES (Required of all attending Reunion) | | TOTAL |
|---|-------------------------------|-------|
| <i>*Early Bird Registration Fee will be applied to all Alumni Registrations postmarked on/before April 16, 2024</i> | | |
| 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 | \$ |
| Children's Registration Fees (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 | \$ |
| REGISTRATION FEES SUBTOTAL | | \$ |

| | | |
|---|--|--------------|
| HOUSING (On campus in College Residence Hall) | | TOTAL |
| <i>*Pre-registration is required for on-campus housing. The housing deadline is April 26, 2024.</i> | | |
| 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: | | |
| HOUSING SUBTOTAL | | \$ |

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! →

| | | | |
|---|-----------------------------|----------|--|
| MEALS (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 | |
| Thursday Dining | | | |
| All Alumni Welcome Party, Case Center, Case Patio | # 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 of 1999 Meet Up, Location TBD | # of Adults _____ | | |
| Saturday Dining | | | |
| Breakfast, Murray-Aikins Dining Hall | # of Adults _____ X \$10.00 | | |
| Reunion Picnic, Upper South Park, Under the Tent | # of Adults _____ X \$20.00 | | |
| Class of 1999 25 th Reunion Toast, Scribner House | # of Adults _____ | | |
| Celebration Dinner, Surrey Williamson Inn, Stone Courtyard | # of Adults _____ X \$55.00 | | |
| Sunday Dining | | | |
| Breakfast, Murray-Aikins Dining Hall, 1 st 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 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.*

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|--|------|------|---|
| REUNION REGISTRATION PAYMENT | | | |
| TOTAL DUE | | | \$ |
| Payment Method (check one) _____ VISA _____ MasterCard _____ American Express _____ Discover _____ Check/Money Order ("reunion registration" on memo line.) | | |  DID YOU REMEMBER: ➤ 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 | | | |