

Date Received

Date Processed

Initials

Housing

ID #

CLASS OF 1966

Reunion 2022 Registration

Reunion Registration Deadline: May 8, 2022Register 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: _____ | | |

| REGISTRATION FEES (Required of all attending Reunion) | | TOTAL |
|---|-----------------------------|-----------|
| Alumni Registration Fee | # of guests ____ X \$215.00 | \$ |
| Guest Registration Fee | # of guests ____ X \$205.00 | \$ |
| REGISTRATION FEES SUBTOTAL | | \$ |

| HOUSING (On campus in College Residence Hall) <i>*Pre-registration is required for on-campus housing. The housing deadline is May 1, 2022.</i> | NUMBER OF ADULTS |
|--|------------------|
| Friday Night – On Campus | |
| Saturday Night – On Campus | |
| 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. <i>We will do our best to accommodate your request.</i> | |

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

Mail: Office of Alumni Relations & College Events, 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.

You're almost done! →

| MEALS (Pre-registration for all meals is required.) <i>*Please indicate the number of adults participating in each meal.</i> | NUMBER OF ADULTS |
|--|-------------------------|
| Friday Dining | |
| Lunch, Murray-Aikins Dining Hall, first floor | |
| All Alumni Welcome Party, Case Center Patio, Overlooking the Green | |
| Class Dinner, Frances Young Tang '61 Teaching Museum and Art Gallery | |
| Saturday Dining | |
| Breakfast, Murray-Aikins Dining Hall, first floor | |
| A Toast to the Scribner Society & Class Photo, Frances Young Tang '61 Teaching Museum and Art Gallery | |
| All Reunion Class Picnic, Upper South Park, Under the Tent | |
| Class Celebration Reception/Dinner, Surrey-Williamson Inn, Under tent | |
| Sunday Dining | |
| Breakfast, Murray-Aikins Dining Hall, first floor | |

MAKE A GIFT to Skidmore College in honor of your Reunion and in support of Skidmore students and faculty. \$5 of your Reunion registration fee will be designated to support an annual Alumni Association Scholarship which will be awarded to a current Skidmore student. This gift will also count toward your overall class fundraising total. If you would prefer not to include a gift in your Reunion registration, please call the Office of Alumni Relations and College Events at (518) 580-5610.

| | |
|---|-----------|
| If you wish to make an additional gift beyond the \$5 included in your Reunion registration fee, please indicate that amount in the space provided to the right. | \$ |
|---|-----------|


In regards to the COVID-19 Pandemic...

Skidmore College welcomes fully vaccinated and boosted visitors to campus for this weekend and has implemented safety measures. Masks are required for all attendees at both indoor and outdoor gatherings.

By checking the box below, I acknowledge all guests included in this registration and I are fully vaccinated and boosted and will follow all campus protocols.

Please see our visitors page for more information. https://skidmo.re/visitor_policy

I have read the above statement and acknowledge all guests in our party are vaccinated and boosted will follow all COVID-19 campus protocols.

| REUNION REGISTRATION PAYMENT | | | |
|--|------|---|-----------|
| | | TOTAL DUE | \$ |
| Payment Method (check one) <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> 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 | | | |