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Date Received	Date Pr	ocessed	Initials	Н	lousing			ID#	

CLASS OF 1976

Reunion 2022 Registration

Reunion Registration Deadline: May 8, 2022 Register Online at www.skidmore.edu/reunion

First Name	Maiden Name (if applicable)	Last Name				
Address						
City, State, Zip						
Home Phone	ne Phone Cell Phone Work Phone					
Email Address		Nickname for Nametag				
Names of all guests attending (please includ	Names of all guests attending (please include ages of children)					
Any special circumstances that the Colle	ege should know about to make addition	al preparations for yo	our arrival:			
Dietary Restrictions:						
Mobility Concerns (i.e. difficulty with stair	s):					
Other:						
REGISTRATION FEES (Required of all attending Reunion) *Early Bird Registration Fee will be applied to all Alumni Registrations postmarked on/before April 10, 2022						
EARLY BIRD Alumni Fee (on/before 4/1	EARLY BIRD Alumni Fee (on/before 4/10/22) # of guests X \$45.00					
Alumni Fee (after 4/10/22)	# of guests X \$55.00	# of guests X \$55.00				
Guest Registration Fee	# of guests X \$40.00	# of guests X \$40.00				
Children's Registration Fees (include	s housing and meals)					
Children ages 0-6	# of children X FREE	# of children X FREE				
Children ages 7-12	# of children X \$50.	# of children X \$50.00				
Children ages 13-17	Children ages 13-17 # of children X \$75.00					
REGISTRATION FEES SUBTOTAL \$						
HOUSING (On campus in College Residence Hall) TOTAL						
*Pre-reaistration is required for on-campus housina. The housina deadline is May 1, 2022.						
Friday Night – On Campus # of Adults needing Housing X \$50.00			\$			
Saturday Night – On Campus	# of Adults needing Housing	# of Adults needing Housing X \$50.00				
I/we will be staying Off Campus at:						
HOUSING SUBTOTAL \$						
Housing Requests: Please list <i>UP TO 4</i> other alumni/guests you would like to be housed with/near. We will do our best to accommodate your request.						

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.

MEALS (Pre-registration for all meals is required.)				
*Please indicate the number of adults participating in each m	TOTAL			
*Do NOT include children in meal counts.				
Friday Dining				
Lunch, Murray-Aikins Dining Hall, first floor	# of adultsX \$11.00			
All Reunion Welcome Party, Case Center Patio	# of adults	NO CHARGE		
Class Dinner, Saratoga Casino Hotel, 342 Jefferson St	# of adults X \$55.00			
Saturday Dining				
Breakfast, Murray-Aikins Dining Hall, first floor	# of adults X \$ 8.00	\$		
All Reunion Class Picnic, Upper South Park, Under the Tent	# of adults X \$11.00	\$		
Class Dinner, Excelsior Springs Event Center, Courtyard by	# of adults X \$50.00	\$		
Marriott				
Sunday Dining				
Breakfast, Murray-Aikins Dining Hall, first floor	# of adults X \$ 8.00	\$		
	\$			
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				

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 C	COVID-19	Pandemic
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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 wil
Ш	follow all COVID-19 campus protocols.

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