

Date Received	Date Processed	Initials	Housing	ID #
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CLASS OF 1990

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
<i>*Early Bird Registration Fee will be applied to all Alumni Registrations postmarked on/before April 10, 2022</i>		
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	\$
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 \$50.00	\$
Children ages 13-17	# of children ____ X \$75.00	\$
REGISTRATION FEES SUBTOTAL		\$

HOUSING (On campus in College Residence Hall)		TOTAL
<i>*Pre-registration is required for on-campus housing. The housing deadline is May 1, 2022.</i>		
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. <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.) *Please indicate the number of adults participating in each meal. *Do NOT include children in meal counts.		TOTAL
Friday Dining		
Lunch, Murray-Aikins Dining Hall, first floor	# of adults ____ X \$11.00	
All Reunion Welcome Party, Case Center Patio	# of adults ____	NO CHARGE
Class Gathering, Cantina Restaurant, 408 Broadway	# of adults ____ X \$45.00	
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 \$15.00	\$
Class Dinner, Murray-Aikins Dining Hall, second floor	# of adults ____ X \$50.00	\$
Sunday Dining		
Breakfast, Murray-Aikins Dining Hall, first floor	# of adults ____ X \$ 8.00	\$
MEALS SUBTOTAL		\$

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.	\$
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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			