OFFICE USE ONLY         OFFICE USE           Date Received         Date Processed		DFFICE USE ONLY   OFFICE L  Ising	ISE ONLY • OFI	FICE USE ONLY		
CLASS OF 1996 Reunion 2022 RegistrationReunion Registration Deadline: May 8, 2022 Register Online at www.skidmore.edu/reunion						
First Name	Maiden Name (if applicable) Last Name		st Name			
Address						
City, State, Zip						
Home Phone	Cell Phone Work Phone		ork Phone			
Email Address	Nickname for Nameta		kname for Nametag			
Names of all guests attending (please include ages of children)						
Any special circumstances that the Col	llege should k	now about to make additional p	preparations for yo	our arrival:		
Dietary Restrictions:						
Mobility Concerns (i.e. difficulty with stairs):						
Other:						
<b>REGISTRATION FEES</b> (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 4/10/22) # of guests X \$45.00				\$		
Alumni Fee (after 4/10/22)				\$		
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	\$		
<b>HOUSING</b> (On campus in College Re				TOTAL		
*Pre-registration is required for on-campus Friday Night – On Campus	nousing. The i	# of Adults needing Housing	X \$50.00	¢		
Saturday Night – On Campus		# of Adults needing Housing	X \$50.00 X \$50.00	\$ \$		
			X \$50.00	Ş		
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.						
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 meal. *Do NOT include children in meal counts.						
Friday Dining						
# of adults	X \$11.00					
# of adults		NO CHARGE				
# of adults		NO CHARGE				
•		•				
# of adults	X\$8.00	\$				
# of adults	X \$11.00	\$				
# of adults X \$50.00		\$				
# of adults	X\$8.00	\$				
MEALS SUBTOTAL						
	<ul> <li># of adults</li></ul>	<pre># of adults X \$11.00 # of adults # of adults # of adults X \$ 8.00 # of adults X \$ 11.00 # of adults X \$50.00 # of adults X \$ 8.00</pre>				

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