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Date Received	Date Pr	ocessed	Initials	Н	lousing			ID#	

CLASS OF 2015

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	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 *Early Bird Registration Fee will be applied t	ore April 10, 2022	TOTAL							
EARLY BIRD Alumni Fee (on/before 4/1	.0/22) # of guests X \$20.15		\$						
Alumni Fee (after 4/10/22)	# of guests X \$55.00	# of guests X \$55.00							
Guest Registration Fee	# 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 \$50.0	00	\$						
Children ages 13-17	# of children X \$75.	00	\$						
	ON FEES SUBTOTAL	\$							
HOUSING (On campus in College Res	idence Hall)		TOTAL						
*Pre-registration is required for on-campus I									
Friday Night – On Campus			\$						
Saturday Night – On Campus	# of Adults needing Housing	g X \$45.00	\$						
I/we will be staying Off Campus at:									
	\$								
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 meal. *Do NOT include children in meal counts.	NUMBER OF ADULTS							
Friday Dining								
Lunch, Murray-Aikins Dining Hall, first floor								
All Reunion Welcome Party, Case Center Patio								
Class Meet-Up, Druthers, 381 Broadway								
Saturday Dining								
Breakfast, Murray-Aikins Dining Hall, first floor								
All Reunion Class Picnic, Upper South Park, Under the Tent								
Class Celebration, Upper South Park, Under the 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 Reunic								
fee, please indicate that amount in the space provided to the right.	J	\$						
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 \$							
Check/Money Order ("reunion registration" on memo line.)	over DID YOU R	ENAENABED:						
Cardholder (Please include billing address if different from address provided):	To incIndica	lude your payment? te meal attendance? te housing for all						

Exp.

CCV#

Account

Number Signature attending?