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Date Received	Date Pr	ocessed	Initials	Н	lousing			ID#	

CLASS OF 2016

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 includ	e 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								
*Early Bird Registration Fee will be applied t	ore April 10, 2022	TOTAL						
EARLY BIRD Alumni Fee (on/before 4/1			\$					
Alumni Fee (after 4/10/22)	# of guests X \$55.00		\$ \$					
Guest Registration Fee	<u> </u>	# of guests X \$40.00						
Children's Registration Fees (include								
Children ages 0-6	# of children X FREE		\$					
Children ages 7-12	# of children X \$50.		\$					
Children ages 13-17	# of children X \$75.	00 \$	\$					
	ON FEES SUBTOTAL \$	\$						
HOUSING (On campus in College Res		TOTAL						
*Pre-registration is required for on-campus I								
	# of Adults needing Housing		>					
Saturday Night – On Campus	# of Adults needing Housing	g X \$45.00 \$	\$					
I/we will be staying Off Campus at:								
	OUSING 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 meals to NOT include children in meal counts.			NUMBER OF ADULTS				
Friday Dining							
Lunch, Murray-Aikins Dining Hall, first floor	<u> </u>						
All Reunion Welcome Party, Case Center Patio	<u> </u>						
Class Meet-Up, Location TBD							
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 Reunion registration fee will be designated to support an annual Al to a current Skidmore student. This gift will also count toward your not to include a gift in your Reunion registration, please call the Off 580-5610. If you wish to make an additional gift beyond the \$5 included in fee, please indicate that amount in the space provided to the registration.	lumni Asso overall cl fice of Alu n your Re	ociation Sch lass fundrai umni Relatio	holarship which ising total. If vo ons and Colleg	ch will be awarded you would prefer			
ree, preude maidate mat amount mat space promise and an	Birer						
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 and will follow all campus protocols.	s registrat	ion and I ar	re fully vaccin	ated and boosted			
Please see our visitors page for more information. https://skidmo.r	e/visitor_	_policy					
I have read the above statement and acknowledge all guest follow all COVID-19 campus protocols.	is in our p	arty are vac	ccinated and	boosted will			
REUNION REGISTRATION PAYMENT							
	TC	TAL DUE	\$				
Payment Method (check one) VISA MasterCard American Express Check/Money Order ("reunion registration" on memo line.)	_ Discover	J.					
Cardholder (Please include billing address if different from address):	Indicate	MEMBER: ude your payment? e meal attendance?				
	, ,			e housing for all			
Account	Ехр.	CCV#	attendi	_			
Account Number Signature	Ехр.	CCV#		_			