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Date Received	Date Pr	ocessed	Initials	Н	lousing			ID#	

## **CLASS OF 1947**

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						
Thomas Thomas	- Gen i none						
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:							
A 1 1111 C (1 1177)							
Mobility Concerns (i.e. difficulty with stair	rs):						
Other:							
Other:							
<b>REGISTRATION FEES</b> (Required of all		TOTAL					
Alumni Registration Fee	# of guests X \$165.00		\$				
Guest Registration Fee	# of guests X \$150.00		\$				
	\$						
HOUSING (On campus in College Res	idence Hall)		NUMBER OF				
*Pre-registration is required for on-campus	housing. The housing deadline is May 1, 2022	2.	ADULTS				
Thursday Night – On Campus							
Friday Night – On Campus							
Saturday Night – On Campus							
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.)	NUMBER OF					
*Please indicate the number of adults participating in each meal.	ADULTS					
Thursday Dining						
All Alumni Welcome Party, Case Center, Case Patio						
Scribner Society Dinner, Murray-Aikins Dining Hall, 2 <sup>nd</sup> floor						
Friday Dining						
Breakfast, Murray-Aikins Dining Hall, 1st floor						
Lunch, Murray-Aikins Dining Hall, 1 <sup>st</sup> floor						
Dinner & Reception, Case Center, Saratoga Room & Porter Plaza						
Saturday Dining						
Breakfast, Murray-Aikins Dining Hall, 1st floor						
All Class Picnic, Under the Tent, Upper South Park						
Class Celebration Reception/Dinner, The Surrey-Williamson Inn						
Sunday Dining						
Breakfast, Murray-Aikins Dining Hall, 1st 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 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.						

	ore College welcomes fully vaccinated and boosted visitors to campus for this weekend and has implemented measures. Masks are required for all attendees at both indoor and outdoor gatherings.
•	ecking the box below, I acknowledge all guests included in this registration and I are fully vaccinated and boosted ill 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						
	TC	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	_ Discover	DID YOU REMEMBER:  To include your payment?  Indicate meal attendance?  Indicate housing for all				
Account Number	Exp.	CCV#	attending?			
Signature		•				