OFFICE USE ONL	Y • OFFICE USE	ONLY •	OFFICE USE ONLY	•	OFFICE USE ONLY	•	OFFICE USE ONLY
Date Received	Date Processed	Initials	Housing			ID#	#

CLASS OF 1957

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 stair	Mobility Concerns (i.e. difficulty with stairs):								
Other:									
REGISTRATION FEES (Required of all	attending Reunion)		TOTAL						
Alumni Registration Fee	# of guests X \$165.00		\$						
Guest Registration Fee	# of guests X \$150.00	# of guests X \$150.00							
	ON FEES SUBTOTAL	\$							
HOUSING (On campus in College Res		NUMBER OF							
*Pre-registration is required for on-campus	ADULTS								
Thursday Night – On Campus									
Friday Night – On Campus									
Saturday Night – On Campus									
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.)		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 nd floor							
Friday Dining							
Breakfast, Murray-Aikins Dining Hall, 1 st floor							
Lunch, Murray-Aikins Dining Hall, 1 st 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, 1 st 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 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 we	ekend and ha	s 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 guest follow all COVID-19 campus protocols.	s in our p	oarty are va	ccinated and	boosted will			
REUNION REGISTRATION PAYMENT							
	TC	TAL DUE	\$				
Payment Method (check one) VISA MasterCard American Express Discover Check/Money Order ("reunion registration" on memo line.) Cardholder (Please include billing address if different from address provided):				DID YOU REMEMBER: > To include your payment? > Indicate meal attendance? > Indicate housing for all			
Account Number	Ехр.	CCV#	attendi	_			

Signature