CLASS OF 2007
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 attending Reunion) *Early Bird Registration Fee will be applied to all Alumni Registrations postmarked on/before April 10, 2022		TOTAL
EARLY BIRD Alumni Fee (on/before 4/10/22)	# of guests ____ X $45.00	$
Alumni Fee (after 4/11/22)	# of guests ____ X $55.00	$
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		$

HOUSING (On campus in College Residence Hall) *Pre-registration is required for on-campus housing. The housing deadline is May 1, 2022.		TOTAL
Thursday Night – On Campus	# of Adults needing Housing ____ X $50.00	$
Friday Night – On Campus	# of Adults needing Housing ____ X $50.00	$
Saturday Night – On Campus	# of Adults needing Housing ____ X $50.00	$
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.

You're almost done! →

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.*		TOTAL
Thursday Dining		
All Alumni Welcome Party, Case Center, Case Patio	# of adults ____	NO CHARGE
Class Meet-Up, Lucy's Bar, 5 Caroline St	# of adults ____	NO CHARGE
Friday Dining		
Breakfast, Murray-Aikins Dining Hall	# of adults ____ X $ 8.00	$
Lunch, Murray-Aikins Dining Hall	# of adults ____ X $11.00	$
Class Meet-Up, Cantina Rooftop, 408 Broadway	# of adults ____	NO CHARGE
Saturday Dining		
Breakfast, Murray-Aikins Dining Hall	# of adults ____ X $ 8.00	$
All Class Picnic, Under the Tent, Upper South Park	# of adults ____ X $15.00	$
Celebration Dinner, Upper South Park, Under the Tent	# of adults ____ X $50.00	$
Sunday Dining		
Breakfast, Murray-Aikins Dining Hall, 1st floor	# of adults ____ X $ 8.00	$
	MEALS SUBTOTAL	$

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

	TOTAL 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):

Account Number	Exp.	CCV#
Signature		

DID YOU REMEMBER:
➢ To include your payment?
➢ Indicate meal attendance?
➢ Indicate housing for all attending?