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 2017

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									
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	s):								
Mobility Concerns (i.e. difficulty with stairs):									
Other:									
REGISTRATION FEES (Required of all		TOTAL							
*Early Bird Registration Fee will be applied to	\$								
EARLY BIRD Alumni Fee (on/before 4/1) Alumni Fee (after 4/11/22)									
Guest Registration Fee	# of guests X \$55.00 # of guests X \$40.00								
Children's Registration Fees (include			\$						
Children ages 0-6	# of children X FREI	=	\$						
Children ages 7-12		# of children X \$50.00							
Children ages 13-17		# of children X \$75.00							
cilidicii ages 15 17		ON FEES SUBTOTAL	\$ \$						
	Ş								
HOUSING (On campus in College Res	TOTAL								
*Pre-registration is required for on-campus h Thursday Night – On Campus	ć								
Friday Night – On Campus			\$						
Saturday Night – On Campus	# of Adults needing Housin # of Adults needing Housin		\$						
Saturday Night - On Campus	# Of Addits fleeding flousing	g	\$						
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 **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 m	eal.			ADULTS			
*Do NOT include children in meal counts.				ADULIS			
Thursday Dining			-				
All Alumni Welcome Party, Case Center, Case Patio							
Class Hospitality Suite Gathering							
Friday Dining							
Breakfast, Murray-Aikins Dining Hall							
Lunch, Murray-Aikins Dining Hall							
Class Meet-Up, Gaffney's, 16 Caroline St							
Saturday Dining							
Breakfast, Murray-Aikins Dining Hall							
All Class Picnic, Under the Tent, Upper South Park							
Celebration Dinner, Upper South Park, Under the Tent							
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 i fee, please indicate that amount in the space provided to the r	stration	\$					
In regards to the COVID-19 Pandemic							
		C					
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							
	тс	OTAL 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 provided):			DID YOU REMEMBER: ➤ To include your payment? ➤ Indicate meal attendance? ➤ Indicate housing for all				
Account	Exp.	CCV#	attend	ing?			
Number							
Signature							