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| Date Received | Date Processed | Initials | Housing | ID # |

CLASS OF 1985

Reunion 2025 Registration

Reunion Registration Deadline: May 12, 2025
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: _____ | | |

| |
|--|
| Please let us know what day you plan to arrive for Reunion: <input type="radio"/> Friday, May 30 <input type="radio"/> Saturday, May 31 |
|--|

REGISTRATION FEES

Fees include meals (excluding class dinners), entertainment, and a souvenir.

| REGISTRATION FEES | | TOTAL |
|---|-----------------------------|-----------|
| EARLY BIRD Alumni Fee (before 4/16/25) | # of guests ____ X \$90.00 | \$ |
| Alumni Fee | # of guests ____ X \$125.00 | \$ |
| Guest Registration Fee | # of guests ____ X \$75.00 | \$ |
| Children's Registration (Housing and Meals Included) | | |
| Children ages 0-12 | # of children ____ X FREE | \$ |
| REGISTRATION FEES SUBTOTAL | | \$ |

MEALS

To ensure an accurate account for Dining Services, please list the number of people planning to attend each meal.

| | # ATTENDING |
|---|-------------|
| Friday Dining | |
| Lunch, Murray-Aikins Dining Hall, 1 st floor | |
| Dinner, Murray-Aikins Dining Hall, 1 st floor | |
| Saturday Dining | |
| Breakfast, Murray-Aikins Dining Hall, 1 st floor | |
| Reunion Picnic, Upper South Park, Under the Tent | |
| Celebration Dinner, Upper South Park, Under the Tent | |
| Sunday Dining | |
| Breakfast, Murray-Aikins Dining Hall, 1 st floor | |

ON-CAMPUS HOUSING

Alumni and guests will be housed with their class when possible. Residence halls have double rooms, and townhouses have singles. Guests in townhouses will be placed in adjacent rooms. If you're in a residence hall without a guest and want a specific roommate, indicate below.

Note:

- XL twin beds, sheets, towels, pillow, and blanket provided.
- No private bathrooms.
- All housing is non-smoking.

Room reservations are confirmed upon registration; assignments are given at check-in.

| ON-CAMPUS HOUSING (DEADLINE TO REGISTER IS APRIL 25) | | TOTAL |
|--|--|-----------|
| Friday Night – On Campus | # of Adults needing Housing ____ X \$50.00 | \$ |
| Saturday Night – On Campus | # of Adults needing Housing ____ X \$50.00 | \$ |
| HOUSING SUBTOTAL | | \$ |
| Housing Requests: Please list UP TO 4 other alumni/guests you would like to be housed with/near. <i>We will do our best to accommodate your request.</i> | | |


☐ **OFF-CAMPUS ACCOMMODATIONS - Please check here if you do not require on-campus housing**

ADD-ON

Registrants have the option to order a charcuterie box to pick up when you arrive. Marie Greco from grazing518 will be providing boxes with cheeses, cured meats, an assortment of fruits, crackers, and accompaniments.

| | | TOTAL |
|-------------------------|---------------------------|-------|
| Comfort Box (Feeds 2-4) | | |
| Basic | # of Boxes ____ X \$60.00 | |
| Vegetarian | # of Boxes ____ X \$60.00 | |
| Gluten-Free | # of Boxes ____ X \$60.00 | |
| ADD-ON SUBTOTAL | | |

| | |
|---|----|
| A portion of the Reunion registration fee (\$5) will support the Alumni Association Scholarship which is awarded to a current student. This gift will count toward the class fundraising total and Skidmore's overall participation rate – a key measure of alumni pride – which is factored into external rankings. If you would prefer not to include a gift in your Reunion registration, please call the Office of Alumni Engagement at (518) 580-5610. | |
| To further support Skidmore students and faculty, please indicate your additional gift in the space provided to the right. | \$ |

| REUNION REGISTRATION PAYMENT | | | |
|--|------|------|---|
| TOTAL DUE | | | \$ |
| Payment Method (check one) <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Check/Money Order ("reunion registration" on memo line.) | | |  DID YOU REMEMBER TO. ➤ Include your payment? ➤ Indicate meal attendance? ➤ Indicate housing for all attending? |
| Cardholder (Please include billing address if different from address provided): | | | |
| Account Number | Exp. | CCV# | |
| Signature | | | |

Please submit your completed registration form via snail mail or fax.

Mail: Office of Alumni Engagement, Skidmore College, 815 North Broadway, Saratoga Springs, NY 12866

Fax: (518) 580-5669

Phone: (518) 580-5610