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Date Received	Date Processed	Initials	Housing	ID #

CLASS OF 2008

Reunion 2023 Registration

Reunion Registration Deadline: May 14, 2023
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)		TOTAL
<i>*Early Bird Registration Fee will be applied to all Alumni Registrations postmarked on/before April 16, 2023</i>		
EARLY BIRD Alumni Fee (on/before 4/16/23)	# of guests ____ X \$25.00	\$
Alumni Fee (after 4/16/23)	# of guests ____ X \$75.00	\$
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 \$75.00	\$
Children ages 13-17	# of children ____ X \$100.00	\$
REGISTRATION FEES SUBTOTAL		\$

HOUSING (On campus in College Residence Hall) <i>*Pre-registration is required for on-campus housing. The housing deadline is May 1, 2023.</i>	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. <i>We will do our best to accommodate your request.</i>	

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.) <i>*Please indicate the number of adults participating in each meal.</i> <i>*Do NOT include children in meal counts.</i>		SUBTOTAL	
Thursday Dining			
All Alumni Welcome Party, Case Center, Case Patio	# of Adults _____		
Friday Dining			
Breakfast, Murray-Aikins Dining Hall	# of Adults _____ X \$ 8.00		
Lunch, Murray-Aikins Dining Hall	# of Adults _____ X \$11.00		
Food Truck Gathering	# of Adults _____ X \$25.00		
Saturday Dining			
Breakfast, Murray-Aikins Dining Hall	# of Adults _____ X \$ 8.00		
Reunion Picnic, Upper South Park, Under the Tent	# 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, 1 st floor	# of Adults _____ X \$ 8.00		
MEALS SUBTOTAL			

A portion of your Reunion registration fee (\$5) will support an annual Alumni Association Scholarship which will be awarded to a current student. This gift will also count toward your 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 Relations and College Events 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) ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover ☐ 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			