CLASS OF 2009
Reunion 2024 Registration

Reunion Registration Deadline: May 13, 2024
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:
◯ Thursday, May 30
◯ Friday, May 31
◯ Saturday, June 1

REGISTRATION FEES (Required of all attending Reunion) *Early Bird Registration Fee will be applied to all Alumni Registrations postmarked on/before April 16, 2024*		TOTAL
EARLY BIRD Alumni Fee (on/before 4/16/24)	# of guests _____ X $25.00	$
Alumni Fee (after 4/16/24)	# 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) *Pre-registration is required for on-campus housing. The housing deadline is April 26, 2024.*		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.

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.*		SUBTOTAL
Thursday Dining		
All Alumni Welcome Party, Case Center, Case Patio	# of Adults _____	
Friday Dining		
Breakfast, Murray-Aikins Dining Hall	# of Adults _____ X $10.00	
Lunch, Murray-Aikins Dining Hall	# of Adults _____ X $13.00	
Reunion Rendezvous Food Trucks Event, Upper South Park	# of Adults _____ X $25.00	
Class Meet Up, Location TBD	# of Adults _____	
Saturday Dining		
Breakfast, Murray-Aikins Dining Hall	# of Adults _____ X $10.00	
Reunion Picnic, Upper South Park, Under the Tent	# of Adults _____ X $20.00	
Celebration Dinner, Upper South Park, Under the Tent	# of Adults _____ X $55.00	
Sunday Dining		
Breakfast, Murray-Aikins Dining Hall, 1st floor	# of Adults _____ X $10.00	
	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 Engagement at (518) 580-5610.	
To further support Skidmore students and faculty, please indicate your additional gift in the space provided to the right.	

Please submit your registration form ONE TIME via online, mail, or fax. Please contact the office with changes/additions.
  Mail: Office of Alumni Engagement, 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.

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		