

	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
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REGISTRATION FEES (Required of all attending Reunion)	TOTAL
*Early Bird Registration Fee will be applied to all Alumni Registrations postmarked on/before 4/16/24	
EARLY BIRD Alumni Fee (before 4/16/24) # of guests ____ X \$25.00	\$
Alumni Fee (after 4/16/24) # of guests ____ X \$5.00	\$
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 \$5.00	\$
Children ages 13-17 # of children ____ X \$10.00	\$
REGISTRATION FEES SUBT	\$

HOUSING (On campus in College Residence Hall) *Pre-registration is required for on-campus housing. The housing deadline is April 26, 2024. Thursday Night	TOTAL
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MEALS (Preregistration for all meals is required.)		SUBTOTAL
*Please indicate the number of adults participating in each meal.		
*Do NOT include children in meal counts.		
Thursday Dining		
All Alumni Welcome Party, Case Center, Case Patio	# of Adults _____	