REUNION 2014 Registration

Class of 2009

DIRECTIONS: Please complete both sides and mail this form to Reunion 2014, Office of Alumni Relations, Connecticut College, 270 Mohegan Ave., New London, CT 06320-4196, or fax it to 860-439-2303. Questions? Call **800-888-7549**, ext. 2300, or email **reunion@conncoll.edu**. Please fill in the information below as you would like it to appear on your name tag.

First Name:	Mai	den Name:		
Last Name:		Class Year:		r:
Partner/Spouse/Guest First Name:	Par	Partner/Spouse/Guest Last Name: Class Ye		r (if applicable):
To receive Reunion updates, please provide a prefe	erred e-mail address for College announcement	S:		
Please enter the name of any child a	attending, including formal first na	ame and nickname (as	you would like it to appear o	n their nametag):
Child 1 First Name:	Nickname:	Last Nan	ne:	Age:
Child 2 First Name:	Nickname:	Last Nan	ne:	Age:
Child 3 First Name:	Nickname:	Last Nan	ne:	Age:
Registration Deadline				Subtotal
We cannot guarantee reservations for May 22, 2014 at 4 p.m. Refunds w fee, however, is not refundable.				
REGISTRATION FEE FOR 2009			@ \$25 per form =	
Lodging				
On-campus accommodations includ will be housed together in a resident that a residence hall fills up, an over	ce hall. Room assignments are or	n a first-come, first-ser		
2009: Jane Addams & Freeman	Houses			
**Note that children age 12 and und below if you would like bedding for		al charge. Please includ	de them in the count	
Lodging				
FRIDAY		# of people =	@ \$45/person/night =	
FRIDAY		# of children =	No Charge	
SATURDAY		# of people =	@ \$45/person/night =	
SATURDAY		# of children =	No Charge	
ROOMING REQUESTS (PLEASE SPECIFY IF YOU HAVE ROOM!	MATE OR ROOM REQUESTS)			
WHEELCHAIR OR OTHER SPECIAL NEEDS:				
PLEASE NOTE that hotel rooms have been blocked	off at the Groton Inn & Suites in Groton, Conn.	if you prefer to stay off campus.	To reserve a room, call 860-445-9784.	
Meals				
NOTE: Complimentary meals are av Friday evening dinner. You may choo sponsored Taste of New London tha	ose to attend the all-alumni lobste	erbake that runs from 5	5:30 – 7:30 or a class-	
CHOOSE:				
Friday Evening Lobsterbake				
LOBSTER		# of meals =	@ \$45/person =	
CHICKEN		# of meals =	@ \$45/person =	
VEGETARIAN		# of meals =	@ \$35/nerson =	

Child's meal at Lobsterbake (Ages 5-12)			
INCLUDES: mac & cheese, hot dog, corn on the cobb, chips and blueberry crumb cake	# of meals =	@ \$15/child =	
OR CHOOSE:			
Friday Evening Taste of New London			
	# attending =	@ \$10/person =	
Saturday Picnic with Ben & Jerry's Scoop Bar	,	0.4457	
	# attending =	@ \$15/person =	
# 01	children attending (ages 5-12) =	@ \$8/child =	
Saturday Class Reception and Dinner			
Price includes all beverages and passed d'oeuvres; dinner & de	essert		
CLASS 0F 2009	# attending=	@ \$45/person=	
Please specify if you have special dietary needs:			
Childcare Registration			
Advance registration for childcare is mandatory. Event is held of Parent waivers will be emailed to you within three business day be returned to the College prior to Reunion.			
SATURDAY EVENING CHILD CARE (AGES 3 – TEEN) 6PM – MIDNIGHT Dinner and snacks provided	# attending =	@ \$60/child =	
GRAND TOTAL			
Annual Fund			
If you have not already given to the Annual fund this year, plea	se consider giving at this tim	e: \$	
Billing Information			
First Name (as it appears on your credit card):	Last Name (as it appears on your credit card):		
Street Address/P.O. Box:			
City:	State:	Zip:	
Home Phone:	Preferred Email:		
Select Payment			
Check (make payable to Connecticut College)			
○ Credit Card: □ Visa □ Mastercard □ American Express □ Discover			
Card #:			
Card Security Code (3-4 digit number found on the back of your credit card):			
Expiration Date:			
Signature			

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