

REUNION 2014 Registration

Class of 1994

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:	Maiden Name:	
Last Name:		Class Year:
Partner/Spouse/Guest First Name:	Partner/Spouse/Guest Last Name:	Class Year (if applicable):
To receive Reunion updates, please provide a preferred e-mail address for College announcements:		

Please enter the name of any child attending, including formal first name and nickname (as you would like it to appear on their nametag):

Child 1 First Name:	Nickname:	Last Name:	Age:
Child 2 First Name:	Nickname:	Last Name:	Age:
Child 3 First Name:	Nickname:	Last Name:	Age:

Registration Deadline

We cannot guarantee reservations for meals and on-campus accommodations that are received after Thursday, May 22, 2014 at 4 p.m. Refunds will be made for cancellations received before that date. Your \$35 registration fee, however, is not refundable.

REGISTRATION FEE FOR 1994

@ \$35 per form =

Subtotal

Lodging

On-campus accommodations include breakfast in Harris Refectory. See the program for dining hours. Each class will be housed together in a residence hall. Room assignments are on a first-come, first-served basis. In the event that a residence hall fills up, an overflow hall will be available but will not be class specific.

1994: Windham House

****Note that children age 12 and under will be housed at no additional charge. Please include them in the count below if you would like bedding for your child (mattress and linens).**

Lodging

FRIDAY	# of people =	@ \$45/person/night =
FRIDAY	# of children =	Free
SATURDAY	# of people =	@ \$45/person/night =
SATURDAY	# of children =	Free

ROOMING REQUESTS (PLEASE SPECIFY IF YOU HAVE ROOMMATE OR ROOM REQUESTS)

WHEELCHAIR OR OTHER SPECIAL NEEDS:

PLEASE NOTE that hotel rooms have been blocked off at the Hampton Inn & Suites in Mystic, Conn. if you prefer to stay off campus. To reserve a room, call 860-536-2536.

Meals

Friday Evening Lobsterbake

LOBSTER	# of meals =	@ \$45/person =
CHICKEN	# of meals =	@ \$45/person =
VEGETARIAN	# of meals =	@ \$35/person =

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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 =

Saturday Picnic with Ben & Jerry’s Scoop Bar

attending = @ \$15/person =

of children attending (ages 5-12) = @ \$8/child =

Saturday Class Reception and Dinner

(Price includes cocktail reception with full bar and passed d’oeuvres; dinner & dessert and all beverages)

CLASS OF 1994 # attending= @ \$75/person=

Please specify if you have special dietary needs:

Wine Tasting

The Reunion committee has decided to hold a class only wine tasting with a local winery on Saturday in the hospitality suite. Everyone in the class is welcome to attend, though we understand that some classmates may choose not to.

attending= @ \$20/person=

Childcare Registration

Advance registration for childcare is mandatory. Event is held only if two or more families commit by May 1. Parent waivers will be emailed to you within three business days of receiving your registration. Signed forms must 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, please consider giving at this time: \$ _____

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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