## **REUNION 2014** Registration

Holleran Center: PICA

**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 Ye.		ar:	
Partner/Spouse/Guest First Name:		Partner/Spouse/Guest Last Name:		Class Year (if applicable):	
Please enter the name of any child a	attending, including formal	first name and nickname (as	you would like it to appear o	on their nametag):	
Child 1 First Name:	Nickname:	Last Na	me:	Age:	
Child 2 First Name:	Nickname:	Last Na	me:	Age:	
Child 3 First Name:	Nickname:	Last Na	me:	Age:	
To receive Reunion updates, please provide a prefe	rred e-mail address for College annou	uncements:			
Registration Deadline				Subtotal	
We cannot guarantee reservations fo May 22, 2014 at 4 p.m. Refunds wi fee, however, is not refundable.					
REGISTRATION FEE			@ \$35 per form =		
Lodging					
On-campus accommodations includ Each class will be housed together i		ctory. See the program for dir	ning hours.		
PICA: Burdick House					
*Note that children age 12 and under you would like bedding for your child		ditional charge. Please includ	le them in the count below if		
Lodging					
SATURDAY		# of people =	@ \$45/person/night =		
		# of children=	No Charge		
				1	
 Meals					
	: Scoop Bar				
Saturday Picnic with Ben & Jerry's	: Scoop Bar	# of people =	@ \$15/person =		
	; Scoop Bar	# of people = # of children =	@ \$15/person = @ \$8/child =		
Saturday Picnic with Ben & Jerry's PICA Saturday reception and dinner		# of children =			
Meals  Saturday Picnic with Ben & Jerry's  PICA  Saturday reception and dinner  (Be our guest for a full hour-long re		# of children =			

Childcare Registration Advanced registration for childcare is mandator				
Parent waivers will be emailed to you within thre		tration. 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 yo	Last Name (as it appears on your credit card):		
Street Address/P.O. Box:				
City:	State:	Zip:		
Home Phone:	Preferred Email:			
Select Payment				
O Check (make payable to Connecticut College)				
○ Credit Card: □ Visa □ Mastercard □ American Expre	ss 🗆 Discover			
Card #:				
Card Security Code (3-4 digit number found on the back of your cred	dit card):			
Expiration Date:				
Signature:				

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