We strongly encourage all alumni to register online at [www.wesleyan.edu/rc](http://www.wesleyan.edu/rc). If you prefer to register by mail, please send us this form by May 8 to:
Wesleyan University c/o Reunion & Commencement Weekend
330 High Street
Middletown, CT 06459

Please clearly print the names of every attendee in your party and indicate their relationship to Wesleyan.

### SECTION 1 — PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>WESLEYAN ALUMNUS/A</th>
<th>WESLEYAN PARENT</th>
<th>CHILD UNDER 18</th>
<th>OTHER</th>
<th>WESLEYAN CLASS/PARENT YEAR (IF APPLICABLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CONTACT INFORMATION**

ADDRESS ____________________________

CITY ____________________ STATE ____ ZIP ________ COUNTRY (IF OTHER THAN U.S.) ____________

DAYTIME PHONE (______) __________________ E-MAIL ADDRESS ____________________________

### SECTION 2 — REGISTRATION AND MEALS

**REUNION REGISTRATION FEE** this fee covers all weekend activities, parties, and meals, including lunch and dinner on Friday, lunch and dinner on Saturday, brunch on Sunday, live music throughout the weekend, reunion regalia, class specific activities, and much more!

___ PERSON(S) OVER 18 @ $135/person

All meals, Friday night class reception open bar, and class dinner open bar are included in the cost of your registration. For catering and planning purposes, please tell us the number of people who will attend each of the meals listed below.

**FRIDAY WELCOME PICNIC**

___ person(s)
___ child(ren) 18 and under

**FRIDAY RED, BLACK & GREEN! DINNER**

___ person(s)
___ child(ren) 18 and under

**SATURDAY ALL COLLEGE PICNIC & FESTIVAL ON FOSS HILL**

___ person(s)
___ child(ren) 18 and under

**SATURDAY REUNION CLASS DINNER**

___ person(s)
___ child(ren) 18 and under

**SUNDAY BRUNCH**

___ person(s)
___ child(ren) 18 and under

SECTION 2 SUBTOTAL $ ____________________________
SECTION 3 — RESIDENCE HALL ROOM RESERVATIONS

There are a limited number of on-campus rooms available to alumni on a first-come, first served basis. Occupancy begins Thursday at 9 a.m. and ends Sunday at 1 p.m.

- Alumni and guests are charged one flat rate of $120 per twin bed, regardless of the number of nights they choose to stay.
- Almost all rooms are doubles or triples with twin beds, and we recommend that you reserve one bed per adult. Beds can be moved or pushed together.
- Child's cots are also available at $30 per cot.
- Basic linens (including sheets, a light blanket, a pillow, a pillowcase, and a towel) are provided.
- Residence hall room assignments will be given out at registration upon arrival on campus. We apologize that assignments cannot be made available in advance of reunion.

_______ I do not require on campus lodging.

_______ I would like one bed, and I wish to share a room with ____________________________

(NOTE: If you prefer to stay in the dorms or if you do not list a roommate preference, you may be paired with another alumnus from your class.)

_______ I would like one bed, and I do not have a roommate preference. I understand I may be assigned to a room with another member of my class.

_______ I would like two beds and understand that I/we will be assigned to a double with no other roommate.

_______ person(s) at $120 per person/bed (includes Thursday – Saturday nights) = $

_______ child’s cot(s) at $30 per child/cot (includes Thursday – Saturday nights) = $

SECTION 3 SUBTOTAL $________________

SECTION 4 — PAYMENT

Please add this amount to my registration for financial aid through the Wesleyan Fund = $

☐yes, please contribute $5 of my total fee to current financial aid through the Wesleyan Fund.

Registrations must be postmarked by May 8, 2015.

TOTAL $______________

FORM OF PAYMENT: _____ CHECK (NUMBER ____________)

_____ CASH _____ VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____ DISCOVER

ACCOUNT NUMBER (PLEASE PRINT CLEARLY) ___________________________ SECURITY CODE

EXPIRATION DATE ___________ NAME AS IT APPEARS ON CARD ___________________________

SIGNATURE ___________________________________________________________________________