We strongly encourage registration 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 STUDENT OR 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>
<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 ___________________

☐ NEW/UPDATED INFORMATION

### SECTION 2 — MEALS

- **FRIDAY WELCOME PICNIC**
  - ___ PERSON(S) @ $20 PER PERSON (INCLUDING WESLEYAN STUDENTS)
  - ___ CHILD(REN) @ $5 PER CHILD AGE 12 AND UNDER

- **FRIDAY RED, BLACK & GREEN! DINNER**
  - ___ PERSON(S) @ $20 PER PERSON (INCLUDING WESLEYAN STUDENTS)
  - ___ CHILD(REN) @ $8 PER CHILD (12 AND UNDER WHO ARE NOT TAKING PART IN CAMP CARDINAL)

- **FRIDAY SHABBAT DINNER**
  - ___ PERSON(S) @ $20 PER PERSON (INCLUDING WESLEYAN STUDENTS)
  - ___ CHILD(REN) @ $8 PER CHILD (12 AND UNDER WHO ARE NOT TAKING PART IN CAMP CARDINAL)

- **SATURDAY ALL COLLEGE PICNIC & FESTIVAL ON FOSS HILL**
  - ___ PERSON(S) @ $10 PER PERSON (INCLUDING WESLEYAN STUDENTS)

- **SUNDAY BRUNCH**
  - ___ PERSON(S) @ $18 PER PERSON (INCLUDING WESLEYAN STUDENTS)
  - ___ CHILD(REN) @ $5 PER CHILD AGE 12 AND UNDER

**SECTION 2 SUBTOTAL** $ ____________

(Over)
SECTION 3 — CAMP CARDINAL

FRIDAY (INCLUDES DINNER) 3 P.M.-MIDNIGHT
CHILD(REN) @ $50 PER CHILD

SATURDAY (INCLUDES LUNCH AND SNACK) 9 A.M.-4 P.M.
CHILD(REN) @ $50 PER CHILD

SATURDAY (INCLUDES DINNER AND SNACK) 4 P.M.-MIDNIGHT
CHILD(REN) @ $50 PER CHILD

NAME AND AGE OF EACH PARTICIPATING CHILD:

SECTION 3 SUBTOTAL $ ____________________________

SECTION 4 — PAYMENT

SECTION 2 SUBTOTAL $ ____________________________

SECTION 3 SUBTOTAL $ ____________________________

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

TOTAL for all Sections: $ ____________________________

☐ 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 ____________)

______ VISA _______ MASTERCARD _______ AMERICAN EXPRESS _______ DISCOVER

ACCOUNT NUMBER (PLEASE PRINT CLEARLY) ____________________________ SECURITY CODE

EXPIRATION DATE __________ Name as it appears on card __________________________________

SIGNATURE _______________________________________________________________