

**Your Information** (Alumni Registrant)

Title **First Name** Middle/Maiden **Last** Suffix  
(Mr. Ms. Etc.)

Email Cell Phone (optional)

Do NOT place my name or my guests' names on the public attendance list.

Receive text messages reunion weekend? By checking the box, you agree to receive reunion weekend related text messages. Please note that standard text messaging fees by your local carrier apply.

**Your Guests** Beginning with your **Spouse/Partner**

Title **First Name** **Last** **Relationship** Age Class year, if an Eph  
(Mr. Ms. Etc.) (if child)

Title **First Name** **Last** **Relationship** Age Class year, if an Eph  
(Mr. Ms. Etc.) (if child)

Title **First Name** **Last** **Relationship** Age Class year, if an Eph  
(Mr. Ms. Etc.) (if child)

Title **First Name** **Last** **Relationship** Age Class year, if an Eph  
(Mr. Ms. Etc.) (if child)

Title **First Name** **Last** **Relationship** Age Class year, if an Eph  
(Mr. Ms. Etc.) (if child)

**Class Registration Fees**

Please indicate when you will be arriving and departing from Williamstown during reunion weekend.

I plan to arrive:	I plan to depart:	# OF	Weekend Rate	Cost
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Sat. Pre-Dinner	_____ Alumni	X \$175	= _____
<input type="checkbox"/> Thurs. Pre-Dinner	<input type="checkbox"/> Sat. Post-Dinner			
<input type="checkbox"/> Thurs. Post-Dinner	<input type="checkbox"/> Sun. Pre-Brunch	_____ Adult Guests	X \$175	= _____
<input type="checkbox"/> Fri. Pre-Dinner	<input type="checkbox"/> Sun. Post-Brunch			
<input type="checkbox"/> Fri. Post-Dinner				
<input type="checkbox"/> Sat. Pre-Dinner				

Members of my party require vegetarian meals  
 Names: \_\_\_\_\_

Please enter any additional dietary restrictions/allergies for your party in the **Additional Information** section.

Subtotal W

## Reunion Housing

We make every effort to house class members in their class headquarters, but once the dorms are at capacity we house you in buildings as nearby as possible.

- **Cost per bed is \$80 for the entire weekend.**
- On-campus housing is done on a **first-come, first-served** basis.
- Dorm rooms offer the basics and some private baths. Sheets, pillows, a blanket, a towel, a washcloth and soap are provided with each bed.
- Families will be housed together.
- **We are unable to accommodate requests to house near friends.**

How many beds? _____	X \$80 =	C
-------------------------	----------	---

And/or I plan to stay off campus at: \_\_\_\_\_

Classmates who may have special needs, including but not limited to accessibility or housing requirements, should let the College know on this registration form in the Additional Information section below. We will do our best to provide a maximum level of comfort to all returning alumnae/i. Please inform us of special needs as far in advance as possible, as such arrangements may require time to coordinate. Every reasonable attempt will be made to meet the requests, and we will inform you if a particular request cannot be accommodated.

**NOTE:** Most residence halls and even some classroom buildings are not accessible to everyone. Guests in wheelchairs, those who use electric scooters, crutches, walkers, or who have "stair issues" may not be able to comfortably stay in, or visit all buildings on campus.

**REMINDER:** Student workers, staff, and Campus Security officers are not personal care attendants. Anyone needing special personal assistance should make plans to bring a care provider with them.

## Additional Information

Is there anything else we should know about your registration?

---



---



---



---



---

## Class Specific Options (if applicable)

*Not Applicable*

<p><b>Billing Total</b></p> <p><b>Time to dust off your math skills</b> (not that they needed dusting)</p> <p><b>W+C = Your total</b></p>	<ul style="list-style-type: none"> <li>• Box W from Reunion Registration Fees</li> <li>• Box C from Reunion Housing</li> </ul> <p style="text-align: right;">+ _____</p>
<p>Make your check payable to WILLIAMS COLLEGE for this TOTAL:</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: auto;"></div>	

If you have any registration related questions or issues, please contact the Office of Alumni Relations via email at [alumni.relations@williams.edu](mailto:alumni.relations@williams.edu) or call (413) 597-4151.

**Please mail to:**  
 REUNION REGISTRATION  
 Alumni Relations – Mears House  
 75 Park Street  
 Williamstown, MA 01267