

WESLEYAN PARENTS AND FAMILIES OF GRADUATES

REUNION & COMMENCEMENT WEEKEND

We strongly encourage registration online at 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

LAST NAME	FIRST NAME	PLEASE CHECK ALL THAT APPLY				WESLEYAN CLASS/PARENT YEAR (IF APPLICABLE)
		WESLEYAN STUDENT OR ALUMNUS/A	WESLEYAN PARENT	CHILD UNDER 18	OTHE	

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 _____