



# Alumnae Association of Mount Holyoke College

## Reunion 2008 Class of 1968 – May 30<sup>TH</sup>-June 1<sup>ST</sup> – Reservation Form

*Reservation Deadline: April 11, 2008*

**Choose one of the following three options to register:** (1) **Online:** [www.alumnae.mtholyoke.edu/go/reunion](http://www.alumnae.mtholyoke.edu/go/reunion)  
 (2) **Fax:** 413-538-2254 (3) **Mail:** Reunion 2008, Alumnae Association of Mount Holyoke College, 50 College St., South Hadley, MA 01075-1486 (Please register ONCE only in order to avoid being billed twice. Please print clearly in ballpoint pen.)

**A Alumna Information** ( check here if this is a new address)

NAME: \_\_\_\_\_  
                     first                      nickname                      middle initial                      undergraduate last name                      current last name

ADDRESS: \_\_\_\_\_  
                     street    city/province                      state/country                      zip

TELEPHONE: (H) \_\_\_\_\_ - \_\_\_\_\_ (W) \_\_\_\_\_ - \_\_\_\_\_ (C) \_\_\_\_\_ - \_\_\_\_\_

PREFERRED E-MAIL: \_\_\_\_\_

**B Spouse/Partner/Guest(s)** (18 and over)

NAME: \_\_\_\_\_  
                     first                      middle initial                      last name                      relationship to alumna

NAME: \_\_\_\_\_  
                     first                      middle initial                      last name                      relationship to alumna

**C Child(ren) and Guests** (ages 0-12) **OR Teen(s) and Guests** (ages 13-17)

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
                     first                      middle initial                      last name                      relationship to alumna                      (mm/dd/yyyy)

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
                     first                      middle initial                      last name                      relationship to alumna                      (mm/dd/yyyy)

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
                     first                      middle initial                      last name                      relationship to alumna                      (mm/dd/yyyy)

**D Additional information**

Emergency Contact (not attending reunion)

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ - \_\_\_\_\_  
                     first                      middle initial                      last name

Special needs of alumna and/or guest(s) (please alert us to physical/medical difficulties) \_\_\_\_\_

Dietary restrictions of alumna and/or guest(s) (vegetarian, vegan, etc.) \_\_\_\_\_

**E Registration Options for Alumna & Guests** – Register below for yourself and your guests. Our a la carte options offer you the flexibility to participate in only the meals and selected options of your choice. Registration and class fees cannot be prorated. On-campus housing is available – turn page over to reserve your bed(s). Reserve breakfast under section E. Note: Please register for **ALL** events you plan to attend, even those with no charge.

**Alumna & Guest Registration Options: (adult guests must be 18 and over; teens must be ages 13-17)**

	Number Attending	Cost	Total Cost
Alumna Registration Fee	1	\$95.00	\$95.00
Guest Registration Fee	_____	\$55.00	\$ _____
Teen Registration Fee	_____	\$25.00	\$ _____
Class Fee (alumna & adult guest only)	_____	\$35.00	\$ _____
Class Costume (alumna only)	_____	\$15.00	\$ _____
Class Booklet (alumna only)	_____	\$10.00	\$ _____
Thursday Cooking Demonstration and Buffet @ Willits-Hallowell	_____	\$27.00	\$ _____
Friday Breakfast @ Willits-Hallowell	_____	\$11.00	\$ _____
Friday Luncheon with President Creighton	_____	no charge	\$ _____
Friday Alumnae Faculty Reception	_____	no charge	\$ _____
Friday Dinner	_____	\$20.00	\$ _____
Saturday Breakfast in Dorm	_____	\$10.00	\$ _____
Saturday Luncheon in Dorm	_____	\$16.50	\$ _____
Saturday Social Hour & Dinner	_____	\$48.00	\$ _____
Teen Saturday Dinner (if not participating in Teen Scene)	_____	\$25.00	\$ _____
Teen Scene Program (includes Saturday dinner)	_____	\$25.00	\$ _____
Sunday Breakfast in Dorm	_____	\$10.00	\$ _____
Sunday Brunch @ Willits-Hallowell	_____	\$17.50	\$ _____

Teen(s) Participating in the Teen Scene Program Name(s) \_\_\_\_\_

SUBTOTAL \$ \_\_\_\_\_

SUBTOTAL FROM PAGE 1 \$ \_\_\_\_\_

**Child(ren) Registration Options: (ages 0-12)**

	Number Attending	Cost	Total Cost
Registration Fee (for children ages 3-12 only)	_____	\$15.00	\$ _____
Friday Breakfast @ Willits-Hallowell	_____	\$11.00	\$ _____
Friday Luncheon with President Creighton	_____	no charge	\$ _____
Friday Alumnae Faculty Reception	_____	no charge	\$ _____
Friday Dinner in Dorm	_____	\$10.00	\$ _____
Saturday Breakfast in Dorm	_____	\$5.00	\$ _____
Saturday Luncheon in Dorm	_____	\$9.00	\$ _____
Saturday Dinner	_____	\$15.00	\$ _____
Sunday Breakfast in Dorm	_____	\$5.00	\$ _____
Sunday Brunch @ Willits-Hallowell	_____	\$10.50	\$ _____

**F ON-CAMPUS HOUSING** - The fee includes towels, linens, and one blanket per bed. Rooming requests cannot be guaranteed but we will do our best to accommodate all requests. Children are housed with their parent(s). You may reserve a bed for your child(ren) or you may bring your own bedding to save on extra expenses. Housing does not include breakfast. Breakfast may be reserved under Section E.

- I will not need housing/I have made arrangements off campus  
 I will need housing. I would like to room with:  spouse/partner/guest/family  Classmate

CLASSMATE'S NAME (if rooming with classmate) \_\_\_\_\_

	first	middle initial	last name
	_____	_____	_____

  

	No. Twin-Size Beds	Cost/Bed	Total Cost
Thursday Night	_____	\$40.00	\$ _____
Friday Night	_____	\$40.00	\$ _____
Saturday Night	_____	\$40.00	\$ _____

SUBTOTAL \$ \_\_\_\_\_

**G EARLY BIRD DISCOUNT - Subtract \$25.00** from subtotal if registration is postmarked by April 11, 2008 ..... \$ \_\_\_\_\_



TOTAL \$ \_\_\_\_\_

**H PAYMENT**

- I am a participant in the reunion pre-payment plan. I understand I will be contacted prior to Reunion to confirm balance due (or refund amount, if any).  
 Enclosed is my check for \$\_\_\_\_\_ payable to the Alumnae Association of Mount Holyoke College.  
 Please charge \$\_\_\_\_\_ to my  Visa  MasterCard  American Express.

Name as it appears on card \_\_\_\_\_  
 Account Number \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 V code (3 digits located on back of card near signature) \_\_\_\_\_  
 Cardholder's Signature \_\_\_\_\_  
 Billing address if different from Section A: \_\_\_\_\_  
 (I understand that by signing above I am authorizing the Alumnae Association to charge my credit card for the selections I have made.)

If mailing, send form and payment in the envelope provided (postmarked by April 11, 2008) to:  
 Reunion 2008, Alumnae Association of Mount Holyoke College, 50 College St., South Hadley, MA 01075-1486.

- We recommend that you keep a copy of this reservation form for your records.
- FAXed reservations accepted only for credit card payments and reunion pre-payments.
- If you register online or by FAX, please do not mail the original.
- If you do not receive a confirmation by the end of April 2008, please contact us.
- Any questions? Please call 413-538-2201.

OFFICE USE ONLY

HAR  PRF  CSH  ACK  VTC