

REUNION 2024 REGISTRATION FORM effective 2/16/24Registration deadline: **May 15, 2024****REQUIRED REGISTRATION FEE QTY (circle # attending) SUB-TOTAL**

Reunion Registration Fee	1 or 2 @ \$20/person	\$ _____
<i>Fac/Staff/Emeriti</i>	<i>1 or 2 @ complimentary</i>	<i>n/a</i>

This required fee includes admission to many events, special programs, and guest services (like golf carts, shuttle service, name tags, tours, souvenirs, exhibits, etc.)

Help us properly plan by letting us know which included events you plan to attend.

FRIDAY INCLUDED PROGRAMS

Arboretum Tour	1 or 2
Campus Tour	1 or 2
Open House Events	1 or 2
Reunion Kickoff	1 or 2

SATURDAY INCLUDED PROGRAMS

GK Fun Run	1 or 2
Historic Village Tour	1 or 2
Open House Events	1 or 2
Block Party	1 or 2
Uncle Waldo's (78-83)	1 of 2

EXCLUSIVE 50TH REUNION PROGRAMMING

Class of 1974 50 th Reunion Picnic	1 or 2 @ \$30/person	\$ _____
Class Gathering and Group Photo	1 or 2 @ complimentary	

ALL-ALUMNI REUNION PROGRAMMING

18-Hole Golf Scramble	1 or 2 @ \$75/person	\$ _____
Golf with: _____		
Signature Luncheon & Celebration	1 or 2 @ \$30/person	\$ _____

AFFINITY REUNION PROGRAMMING

- 50s-70s Greeks 1 or 2 @ \$10/person \$ _____
- Arethusa 130th 1 or 2 @ \$22/person \$ _____
- Phi Lamb 60th 1 or 2 @ \$33/person \$ _____
- Sigma Kappa 35th 1 or 2 @ \$10/person \$ _____
- TKE 35th Shuttle 1 or 2 @ \$25/person \$ _____

See website for additional free programming associated with some of these affinity reunions.

NOTES: _____

ON-CAMPUS HOUSING

deadline: 4/15/24 (postmarked by 4/12/24)

Friday Night Room: _____ \$100/single	_____ \$140/double	\$ _____
Sat. Night Room: _____ \$100/single	_____ \$140/double	\$ _____
Security Deposit: _____ \$25/single	_____ \$50/double	\$ _____

If eligible for Security Dep Return: _____ REFUND or _____ DONATION in your name

Opt.'1 Linen Rental: 1 or 2 @ \$25/set | Pillow Purchase: 1 or 2 @ 10/each \$ _____

Roommate's Name: _____

_____ My room fees and deposit has been (or will be) paid by my roommate.

Name of one registered Reunion guest you would like to be housed near or affiliation: _____

REUNION GIFT

\$ _____

Restricted to: _____

Unrestricted gifts will benefit areas of greatest need at Geneseo.

TOTAL AMOUNT DUE / ENCLOSED: \$ _____

NAME: _____

(as you would like it to appear on your nametag)

ADDRESS: _____

GENESEO CLASS YEAR: _____

Geneseo Greek and/or Other Affiliation: _____

EMAIL: _____

PHONE: _____

Guest Name: _____

Geneseo Class Year: _____ Not alum

Geneseo Affiliation: _____ Not alum

MOBILITY/ DIETARY:

___ I/we have physical and/or dietary concerns. Explain:

EMERGENCY CONTACT NAME AND PHONE:

If you need to register additional family members (more than 2 total guests), book additional housing, or would prefer to register by phone – please contact the Office of Alumni Relations at

585-245-5506

PAYMENT:

Check: Made payable to "Alumni Relations-CAS"

Mail to: Office of Alumni Relations, Campus House
1 College Circle, Geneseo, NY 14454

Credit Card: MasterCard Visa Discover
Number (below): _____

_____ - _____ - _____ - _____

Expiration Date: ___ / ___ CVC: _____