

REUNION 2026 REGISTRATION FORM effective 3/1/26

Registration deadline: May 17, 2026 (postmarked by 5/14/26)

REQUIRED REGISTRATION FEE QTY (circle # attending) SUB-TOTAL

Reunion Registration Fee 1 or 2 @ \$20/person \$ _____

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

Events included with registration fee:

- Department/Office Meet-and-Greets,
- Fun Run or Village Walking Tour
- Library Open House or Virtual Sturges Tour
- Friday night All-Alumni Kickoff
- Saturday All-Alumni Block Party

ALL-ALUMNI PROGRAMMING (requiring separate registration)

Signature Luncheon & Alumni Awards 1 or 2 @ \$30/person \$ _____

50TH REUNION PROGRAMMING (requiring separate registration)Exclusive 50th Reunion Campus Cart Tour (select just one time slot, limited availability):

10 a.m.	1 or 2 @ FREE	N/A
10:30 a.m.	1 or 2 @ FREE	N/A
11 a.m.	1 or 2 @ FREE	N/A
11:30 a.m.	1 or 2 @ FREE	N/A
Class Gathering and Group Photo	1 or 2 @ FREE	N/A
Class of 1976 50 th Reunion Dinner		

1976 alums only / by 4/30/26	1 or 2 @ \$10/person	\$ _____
Others / '76 alums after 5/1/26	1 or 2 @ \$30/person	\$ _____

AFFINITY REUNION PROGRAMMING (requiring separate registration)

- DK 155th 1 or 2 @ FREE N/A
- ADE 140th 1 or 2 @ \$27/person/wknd \$ _____
 Fri Networking Sat. Reception
- Prometheus/Phi Kap 70th 1 or 2 @ \$20/person \$ _____
- D Phi E 40th 1 or 2 @ \$35/person \$ _____
- SDT 35th 1 or 2 @ \$20/person \$ _____
- Tour Guide Reunion 1 or 2 @ \$20/person \$ _____

ON-CAMPUS HOUSING

deadline: 4/19/26 (postmarked by 4/16/26)

Friday: ___ \$100/single ___ \$140/double ___ \$0/DbIPdByRmmte \$ _____

Saturday: ___ \$100/single ___ \$140/double ___ \$0/DbIPdByRmmte \$ _____

Security Deposit: ___ \$50/one guest ___ \$100/two guests \$ _____

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

Roommate: ___ Single ___ Guest >>> ___ Name: _____

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

One registered Reunion guest you would like to be housed near or affiliation (if applicable): _____

REUNION GIFT

\$ _____

Restricted to: _____

*Gifts to The Fund for Geneseo allow us to meet immediate needs and create new opportunities for our students.***TOTAL AMOUNT DUE / ENCLOSED: \$****NAME:** _____

(as you would like it to appear on nametag)

Address: _____

Geneseo Class Year: _____

Geneseo Greek and/or Other Affiliation: _____

EMAIL: _____

Phone: _____

GUEST NAME: _____

(as you would like it to appear on nametag)

Geneseo Class Year: _____ Not alumGeneseo Affiliation: _____ Not alum

Mobility/Dietary:

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

Emergency Contact Name / Phone Number:

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

1 College Circle, Geneseo, NY 14454

Credit Card: MasterCard Visa Discover

Number (below): _____

Expiration Date: ___ / ___ CVC: _____