WELLESLEY COLLEGE

CLASS OF 1956 REUNION



Information & Details

Registration Fee

The registration fee combined with the Alumnae Association's substantial subsidy make reunion weekend possible. There is no registration fee for children younger than 5 years. After May 19, no refunds will be given; alumnae registering after May 19 must register and reserve meals along with on-campus housing during reunion weekend. However, meal and room availability at that time will be limited and are not guaranteed. Guests must register, and pay the registration fee, in order to attend any reunion events (except for memorial services).

*Non-refundable.

On-campus Housing (includes breakfast) Alumnae and guests who wish to stay on campus during reunion weekend must pay the registration fee plus the cost of housing. The cost includes towels, linens, two blankets per bed, a pillow, and breakfast. Each class is assigned to a residence hall. You may request a single room; otherwise, we will try our best to accommodate all rooming requests. Although on-campus housing is guaranteed to all alumnae, housing within your specific headquarters is not. In case your headquarters is oversubscribed, you will be placed in the nearest possible dormitory to your class. See brochure for area hotel information.

Class Insignia

A shoulder bag, embroidered in bright red against a background, by an Afghani women's cooperative which has found a way to earn much needed income for their families and their communities.

For disability accommodation requests, please call 781-283-2321 or email reunionquestions@wellesley.edu at least 2 weeks in advance to give us time to review and respond to your needs.

Go Green and Register Online! www.wellesley.edu/alum/reunion

Alumna Information

Subtotal (page 1)

| Address | | | | | | | |
|--|--|--|--|--|--|--|--|
| Phone | Cell/other | | | | | | |
| □ c₁ Email | neck here if you do *not* want your cell phone n | umber published in your class attendance lis | | | | | |
| New information above, please updat | e my records. | | | | | | |
| Emergency Contact N | ame | | | | | | |
| Relationship and Phor | ne | | | | | | |
| Pre-existing Condition | | | | | | | |
| (Optional — Any pre-existing conditions | that may be helpful to medical personnel in case | e of an emergency) | | | | | |
| Registration Fees | * | | | | | | |
| Registration Fees | | | | | | | |
| (Early registration must be public between April 15 and May 1 | postmarked by April 14; late regist 9, 2010) | tration must be postmarked | | | | | |
| Enter # of Alumnae ea | x \$40 = | | | | | | |
| Enter # of Alumnae la | x \$60 = | | | | | | |
| Enter # of Guests earl | x \$40 = | | | | | | |
| Enter # of Guests late | x \$60 = | | | | | | |
| Enter Guests' Names: (First & Last, as they should appear on n | name tags.) | | | | | | |
| Enter # of Children 5- | x \$10 = | | | | | | |
| Enter # of Children 5- | | x \$15 = | | | | | |
| Enter # of Children 0- | nter # of Children 0–5 yrs | | | | | | |
| Enter Children's Name | | | | | | | |
| (First & Last, as they should appear on n | ame tags. Please include ages.) | | | | | | |
| Claflin Hall Housi | ng | | | | | | |
| □ I will NOT need a ro | oom 🗆 I would like to | share a room | | | | | |
| ☐ I would like a single (Please fill in all information below) | room if available | | | | | | |
| ☐ Friday Night | # of twin beds | x \$60/bed = | | | | | |
| □ Saturday Night | # of twin beds | x \$60/bed = | | | | | |
| I prefer to share a roor | n with** | | | | | | |
| | uest one another. (Not all requests can be accor | nmodated.) | | | | | |
| Class Insignia | | | | | | | |
| Glade illelgilla | # of Embroidered shoulder bags | | | | | | |

Information & Details

Friday Box Lunch

A convenient box lunch available at Claflin to kick off reunion weekend.

Friday Night Dinner

Join your classmates for dinner in the Claflin Rec Room. If you require a gluten-free meal, please call 781-283-2321.

Saturday Picnic

Come to the Claflin Rec Room for food, fun, and a perfect time to reconnect. If you require a gluten-free meal, please call 781-283-2321.

Saturday Social Hour and Class Dinner

Join us for cocktails, hors d'oeuvres and an elegant gourmet seated dinner! If you require a gluten-free meal, please call 781-283-2321.

Sunday Class Picnic Box Lunch

Relax and unwind with a box lunch in the Davis Museum Courtyard Tent. Hearty sandwich options accompanied by fruit salad, brownie and iced tea. If you require a glutenfree meal, please call 781-283-2321.

If you have special dietary needs, please contact the Reunion Reservation Office by calling 781-283-2321 or emailing reunionquestions@wellesley.edu at least 2 weeks in advance to give us time to review and respond to your needs.

Financial Aid

If you need financial assistance to attend reunion, call the Alumnae Association at 781-283-2343. All requests will be kept confidential.

Class Events

| Friday Lunch | | | | | | |
|--|---------------|--------|---|-------------|----------|--|
| Box Lunch | | | # | of Lunches | x \$10 = | |
| | | | | | | |
| Friday Night Dinner | | | | | | |
| Dinner Buffet | # of Children | x \$15 | + | # of Adults | x \$42 = | |
| Vegetarian Dinn | ner Buffet | | | | | |
| | # of Children | x \$15 | + | # of Adults | x \$42 = | |
| | | | | | | |
| Saturday Picnic | | | | | | |
| Picnic Buffet | # of Children | x \$10 | + | # of Adults | x \$20 = | |
| Vegetarian Picnic Buffet | | | | | | |
| | # of Children | x \$10 | + | # of Adults | x \$20 = | |
| | | | | | | |
| Saturday Class | s Dinner | | | | | |
| Roasted Salmo | n | | | # of Adults | x \$85 = | |
| Filet Mignon | | | | # of Adults | x \$85 = | |
| Vegetable Provencal Napoleon # of Adults | | | | x \$85 = | | |
| Sunday Class Picnic Box Lunch | | | | | | |
| # of Roast Beef with Greens | | | | | x \$13 = | |
| # of Chicken Salad on Artisan Bread | | | | | x \$13 = | |
| | | | | | | |
| # of Vegetarian on Ciabatta Bread | | | | | x \$13 = | |
| | | | | | | |
| Subtotal (page 2) | | | | | = | |
| Subtotal (from page 1) | | | | | = | |
| Grand Total (add page 1 & 2 subtotals) | | | | | = | |

Payment

I would like to pay by (circle one): VISA MasterCard Check
(Checks should be made out to: Wellesley College Alumnae Association. Please mail
checks to 106 Central St., Green Hall Room 246, Wellesley, MA 02481-8203)

Credit Card Number:

Expiration Date (mm/yy):

Name on Card:

Signature*:

Credit Card Billing Address (if different from front):

^{*(}I hereby authorize the Wellesley College Alumnae Association to charge the above account for, and I agree to pay, the Grand Total amount added above. If the addition results in an overage, the WCAA is permitted to charge my account for the lesser amount. If the result is less than the actual amount due, the Reunion Reservation Office will contact me directly.)