WELLESLEY COLLEGE

CLASS OF 1936 REUNION



Information & Details

Registration

The Alumnae Association invites members of the class of 1936 to join us at reunion.

Because you are an honored alumna, we will cover all of your registration, meal, and on-campus housing expenses. However, we ask that you reserve meals and oncampus housing so that we can have accurate information and counts.

On-campus Housing (includes breakfast)
The Wellesley College Alumnae
Association has reserved a room
for you and a guest at the Wellesley
College Club. Please RSVP via this
form or by calling 781-283-2321.

After the May 19 deadline, please call 781-283-2321 to register. You are welcome to bring a guest to reunion; we will be happy to arrange room and board for your guests at the rates listed.

Class Insignia

We will stand out in our RED scarves!!

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

Alumna Information

Name		
(First, College Last, Current Last, Preferred First as it	should appear on name tag)	
Address		
Phone	Cell/other	
□ Check here if y	ou do *not* want your cell phone nu	mber published in your class attendance list.
☐ New information above, please update my records	<u>.</u>	
Emergency Contact Name		
Relationship and Phone		
Pre-existing Conditions		
(Optional — Any pre-existing conditions that may be	nelpful to medical personnel in case	of an emergency)
Registration Fees* (pos	stmarked by Ma	v 19. 2011)
Enter # of Alumnae	,	x N/C =
Enter # of Guests		x N/C =
Enter Guests' Names:		,
(First & Last, as they should appear on name tags.)		
Wellesley College Club	Housing	
☐ I will NOT need a room	☐ I would like to	share a room
☐ I would like a single room in (Please fill in all information below)	f available	
☐ Friday Night Alumnae	# of twin beds	x N/C =
☐ Friday Night Guests	# of twin beds	x \$60/bed =
☐ Saturday Night Alumnae	# of twin beds	x N/C =
☐ Saturday Night Guests	# of twin beds	x \$60/bed =
I prefer to share a room with*	*	
**Please note that both parties must request one and	ther. (Not all requests can be accom	modated.)
Class Insignia		
☐ One red scarf for alumna		x N/C =
Enter # of additional red scarves		x \$10 =
Subtotal (page 1)		=

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.

Information & Details

Friday Night Dinner

Relax and enjoy the comfort of the Wellesley College Club dining room. Don't forget to join us for Stepsinging at Houghton Chapel at 6:00!

Saturday Picnic

Enjoy the scenic College Club lawn tent for a picnic lunch. If you prefer to stay indoors just ask your student worker at the front desk to provide you with a boxed lunch!

Saturday Class Dinner

Enjoy the offerings of the College Club Chef and catch up with classmates at a lovely seated dinner.

Sunday Classes of '31-'51 Luncheon

Enjoy the view of Lake Waban while having lunch at the College Club.

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.

Class Events

Friday Night Dinner		
Dinner	# of Alumnae	x N/C =
Dinner	# of Guests	x \$42 =
Vegetarian Dinner	# of Alumnae	x N/C =
Vegetarian Dinner	# of Guests	x \$42 =
Saturday Picnic		
Picnic Buffet	# of Alumnae	x N/C =
Picnic Buffet	# of Guests	x \$20 =
Vegetarian Picnic Buffet	# of Alumnae	x N/C =
Vegetarian Picnic Buffet	# of Guests	x \$20 =
Saturday Class Dinner		
Petite Filet Mignon	# of Alumnae	x N/C =
Petite Filet Mignon	# of Guests	x \$60 =
Vegetable Provencal Napoleon	# of Alumnae	x N/C =
Vegetable Provencal Napoleon	# of Guests	x \$60 =
Sunday Luncheon		
Grilled Salmon over a bed of greens	# of Alumnae	x N/C =
Grilled Salmon over a bed of greens	# of Guests	x \$35 =
Vegetarian offering	# of Alumnae	x N/C =
Vegetarian offering	# of Guests	x \$35 =
Subtotal (page 2)		=
Subtotal (from page 1)		=
Grand Total (add page 1 & 2 s	=	

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.)