WELLESLEY COLLEGE

# CLASS OF 1971 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.

# **Record Book**

Preorder your record book at right.

Class Insignia

Here Comes the Sun! The 1971 Insignia is a bright yellow terry cloth beach bag imprinted for us with the Wellesley College seal. The bag is light but roomy, and the lining has a zippered pocket perfect for keeping a cell phone accessible. Carry this bag proudly in the parade and use it over the summer at the beach or pool, or for shopping.

#### **Class Spirit Fund**

Voluntary contribution so that every classmate can afford to attend and enjoy a first-class reunion.

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)

| Name                                                                                        |                                                |                                                |
|---------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------|
| (First, College Last, Current Last, Preferred First as it she Address                       | ould appear on name tag)                       |                                                |
|                                                                                             | Call/athan                                     |                                                |
| Phone   Check here if you                                                                   | Cell/other  I do *not* want your cell phone nu | umber published in your class attendance list. |
| Email  New information above, please update my records.                                     |                                                |                                                |
| Emergency Contact Name                                                                      |                                                |                                                |
| Relationship and Phone                                                                      |                                                |                                                |
| Pre-existing Conditions  (Optional — Any pre-existing conditions that may be he             | lpful to medical personnel in case             | of an emergency)                               |
| Registration Fees*                                                                          |                                                |                                                |
| Registration Fees (Early registration must be postmarked between April 15 and May 19, 2010) | d by April 14; late regist                     | ration must be postmarked                      |
| Enter # of Alumnae early (by April 14)                                                      |                                                | x \$40 =                                       |
| Enter # of Alumnae late (April 15-May 19)                                                   |                                                | x \$60 =                                       |
| Enter # of Guests early                                                                     |                                                | x \$40 =                                       |
| Enter # of Guests late                                                                      |                                                | x \$60 =                                       |
| Enter Guests' Names: (First & Last, as they should appear on name tags.)                    |                                                |                                                |
| Enter # of Children 5–16 yrs early                                                          |                                                | x \$10 =                                       |
| Enter # of Children 5–16 yrs late                                                           |                                                | x \$15 =                                       |
| Enter # of Children 0-5 yrs                                                                 |                                                | x \$0 =                                        |
| Enter Children's Names:                                                                     |                                                |                                                |
| (First & Last, as they should appear on name tags. Plea                                     | se include ages.)                              |                                                |
| Cazenove Housing                                                                            |                                                |                                                |
| $\ \square$ I will NOT need a room                                                          | □ I would like to                              | share a room                                   |
| ☐ I would like a single room if (Please fill in all information below)                      | available                                      |                                                |
| ☐ Friday Night                                                                              | # of twin beds                                 | x \$60/bed =                                   |
| □ Saturday Night                                                                            | # of twin beds                                 | x \$60/bed =                                   |
| I prefer to share a room with**  **Please note that both parties must request one anoth     | er. (Not all requests can be accom             | nmodated.)                                     |
| Record Book                                                                                 |                                                |                                                |
| Record book - online                                                                        |                                                | x \$5 =                                        |
| Record book - hard copy                                                                     |                                                | x \$20 =                                       |
| Class Insignia                                                                              |                                                |                                                |
| # of terry cloth bags                                                                       |                                                | x \$17 =                                       |
| Class Spirit Fund                                                                           |                                                |                                                |
| I would love to help my classm                                                              | ates attend reunio                             | n: Contribution =                              |
|                                                                                             |                                                |                                                |

## **Information & Details**

## **Friday Night Dinner**

Join your classmates for dinner in the Cazenove dining room.

#### **Saturday Picnic**

Come to the Davis Courtyard tent for food, fun, and a perfect time to reconnect.

#### **Saturday Class Dinner**

Join your classmates for a delicious buffet dinner in the Tower Court dining room. After the main course, the party continues on the fourth floor of the Lulu. Graze on a selection of desserts and drinks and enjoy the second part of the evening in air-conditioned comfort. Dance to music of our college era; sit in the screening room to watch the video of classmates over the years; visit quietly with friends you haven't seen in years or make new connections.

#### **Sunday Class Picnic**

Come to the tent in front of Caz for a bagged lunch. There will be a variety of sandwiches plus chips, fruit, cookie, and bottled iced tea and juice. Stay to visit or grab lunch for the road.

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 Night Dinner      |               |                        |            |  |
|--------------------------|---------------|------------------------|------------|--|
| Dinner Buffet            | # of Children | x \$15 + # of Adults   | x \$42 =   |  |
| Vegetarian Dinner Buffet |               |                        |            |  |
|                          | # of Children | x \$15 + # of Adult    | s x \$42 = |  |
|                          |               |                        |            |  |
| Saturday Picnic          |               |                        |            |  |
| Picnic Buffet            | # of Children | x \$10 + # of Adults   | x \$20 =   |  |
| Vegetarian Picnic Buffet |               |                        |            |  |
|                          | # of Children | x \$10 + # of Adult    | s x \$20 = |  |
|                          |               |                        |            |  |
| Saturday Class Dinner    |               |                        |            |  |
| Dinner Buffet            |               | # of Adults            | x \$70 =   |  |
| Vegetarian Din           | ner Buffet    | # of Adults            | x \$70 =   |  |
|                          |               |                        |            |  |
| Sunday Class Picnic      |               |                        |            |  |
| Bagged Lunch             | #             | of Children and Adults | s x \$15 = |  |
| Vegetarian Bag           | gged Lunch #  | of Children and Adults | s x \$15 = |  |
|                          |               |                        |            |  |
| Subtotal (page 2)        |               |                        | =          |  |
| Subtotal (from page 1)   |               |                        | =          |  |
| <b>Grand Total</b>       | =             |                        |            |  |
|                          |               |                        |            |  |

# **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):

<sup>\*(</sup>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.)