

To pay by credit card, register online at www.amherst.edu/go/reunion
Amherst College Class of 1969 — 55th Reunion
2024 Reunion Registration Form

Name: _____
First Name M.I. Last Name Class Year

Address: _____
Street City State Zip

Email: _____

Home Phone: _____ **Mobile Phone:** _____

Expected date of arrival: (please circle one) Wed., May 29 Thurs., May 30 Fri., May 31 Sat., June 1

Expected time of arrival: (please circle one) Before 6 p.m. After 6 p.m.

GUEST INFORMATION: Please list the names of your guests. If any guests are Amherst alumni, please list their class year. For children 17 and under, please include their birth dates. Please note that minors visiting campus should be supervised at all times by an accompanying adult. The College will not be offering a Reunion childcare program.

*Name Class Year *Birth date (for children 17 and under only)*

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REGISTRATION FEES: Class fees include dinner on Friday and Saturday night, Brunch on Sunday, open bar, entertainment and a souvenir. Class fees are calculated based on your reunion class and registrant/guest types.

GUEST TYPE	CLASS FEE	COLLEGE FEE	FEE CALCULATION	TOTAL FOR GUEST TYPE
Registering alumnus/a	\$300	\$10	# people _____ x \$310* =	\$
Guest who is an alumnus/a or Amherst student	\$300	\$10	# people _____ x \$310* =	\$
Non-alumnus/a guest	\$300	\$10	# people _____ x \$310* =	\$
Widow/er of deceased alumnus/a	\$0	\$10	# people _____ x \$10* =	\$
Children ages 13–17	\$0	\$10	# people _____ x \$10* =	\$
Children ages 4–12	\$0	\$5	# people _____ x \$5* =	\$
Children under 4	\$0	\$0	# people _____ x \$0 =	\$
			TOTAL DUE FOR REGISTRATION FEES:	\$

*Please note that this fee amount includes a College registration fee (\$10 for guests 13 and older and \$5 for guests 4–12) to help offset the costs of College-sponsored receptions, programs and the Saturday Reunion luncheon.

(CONTINUED ON REVERSE)

EMERGENCY CONTACT INFORMATION: Please provide the name and telephone number of the person you would like us to contact should an emergency occur while you are on campus.

Name	Relationship	Telephone Number
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ON-CAMPUS HOUSING: Alumni and their guests will be placed in their class headquarters as much as possible (first come, first served). If the class headquarters is full, alumni will be placed in another building, as close by as we can manage. The residence halls on the main quad are mostly doubles and alumni and their guests will be housed together in the same room. Most other residence halls on campus are singles, so alumni and their guests will be housed in adjacent rooms in these buildings. If your class headquarters is on the main quad and you are attending without a guest, but would like to be housed with a friend in a double room, please include that information below. If no such request is made, you will not be assigned a roommate.

Please remember: Residence hall rooms are functional (extra-long twin-size beds, sheets, towels, a pillow and a blanket are provided). There are no rooms with private baths. All residence halls and houses are non-smoking. The residence halls are not air-conditioned, and we encourage you to bring a fan. You will receive a confirmation of your room reservation when you register; however, you will not receive your room assignment until you arrive on campus.

Please indicate how many people in your party will be staying on campus for each night of Reunion, then multiply the total rate for each category to calculate your total amount due. If you are bringing a portable crib or an inflatable mattress for a child or guest, you do not need to include them on the form below.

GUEST TYPE	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	PRICE	TOTAL
Total attendees ages 13 and older					# people _____ x \$45 =	\$
Children ages 4–12					# people _____ x \$20 =	\$
Children under age 4 who require a cot					# people _____ x \$0 =	\$
			TOTAL DUE FOR CAMPUS HOUSING			\$

☐ **OFF-CAMPUS ACCOMMODATIONS:** Please check here if you do not require on-campus housing, and let us know where you will be staying:

ACCESSIBILITY/HOUSING PREFERENCES: Please indicate accessibility needs or concerns that you would like us to be aware of, and/or list any classmates you would like to be housed near, if possible (please attach separate sheet if needed):

TOTAL BALANCE DUE:

Total Registration Fees (page one): \$ _____ + **Total Housing Fees (above):** \$ _____

= TOTAL DUE: \$ _____

Check Payments: Make checks payable to Amherst College - Class of 1969, and mail to:
Amherst College Reunion Registration, Alumni and Constituent Engagement, P.O. Box 5000, Amherst, MA 01002

The cancellation deadline is May 15. Class fee refunds after that date will be at the discretion of the class; no housing or college registration fees will be refunded after that date.

QUESTIONS?

Please contact your Reunion Chair: Robert E. (Rob) Simpson Jr., DSW (drrobsimpsonjr@gmail.com or 413-427-9723)