



Reservation Form
Class of 1945 ~ 65th Reunion
Pegasus

COMPLETE THIS FORM AND MAIL BY FRIDAY, APRIL 2, 2010, TO: POMONA COLLEGE ALUMNI OFFICE, 305 N. COLLEGE AVENUE, CLAREMONT, CA 91711; OR REGISTER ONLINE AT WWW.POMONA.EDU/ALUMNIWEEKEND/ BY SUNDAY, APRIL 4, 2010.

REGISTRATION FORMS POSTMARKED AFTER APRIL 2, 2010, OR SUBMITTED ONLINE AFTER APRIL 4, 2010, WILL BE SUBJECT TO A \$10 PER PERSON LATE FEE.

THE ALUMNI OFFICE WILL SEND YOU A CONFIRMATION WITHIN TWO WEEKS OF RECEIVING YOUR REGISTRATION FORM IF YOU REGISTER BY APRIL 2.

Contact Information (please print)

Name _____
 Preferred name on nametag _____
 Address _____
 City _____ State _____ Zip _____
 Daytime phone _____ Evening phone _____
 E-mail address _____
 Guest name(s) for nametags _____
 Vegetarian Meals? Yes Number of vegetarians in party? _____

Payment Information

Event/Activity	# of People	Price (per person)	Total Cost
Friday, April 30			
Luncheon, Edmunds Ballroom	_____	X \$15	_____
Alumni Vintner Wine Tasting	_____	X \$5	_____
All-Class Dinner, Rains Center	_____	X \$20	_____
Class Social	_____	Complimentary	No Charge
Saturday, May 1			
Cecil's Waffle "BeakFest" Marston Quad	_____	Complimentary	No Charge
Lunch, Marston Quad	_____	Complimentary for you & one guest, \$15 for each additional guest	No Charge
Wash Party Sontag Greek Theatre	_____	Complimentary	No Charge

Event/Activity (continued) # of People Price (per person) Total Cost

Saturday, May 1 (cont.)
 Class Dinner for 1945 & 1940 _____ Complimentary No Charge
 for you & one guest, \$25 for each
 additional guest

Sunday, May 2

All-Class Brunch _____ X \$20 _____
 Seaver House/Richardson Garden

SUBTOTAL \$ _____

Contribution to '45 Class Reunion Gift \$ _____
(tax deductible as allowed by law)

GRAND TOTAL \$ _____

*(Make checks payable to Pomona College)
 (Sales tax is included in all prices)*

Credit Card Information (MasterCard or VISA only)

Please check one: MasterCard VISA
 Card Number: _____ Expiration Date: _____
 Name as it appears on card (*please print*): _____

Authorized Signature: _____

Please mail reservation form to: Pomona College Alumni Office, 305 N. College Avenue, Claremont, CA 91711
Registrations submitted after the deadline will be charged an additional \$10/person late fee.

Thank you! We will see you in April!