



Reservation Form

Class of 1965 ~ 45th Reunion
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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
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Friday, April 30

Luncheon, Edmunds Ballroom	_____	X \$15	_____
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Alumni Vintner Wine Tasting	_____	X \$5	_____
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All-Class Dinner, Rains Center	_____	X \$20	_____
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Class Social	_____	Complimentary	No Charge
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Saturday, May 1

Cecil's Waffle "BeakFest" Marston Quad	_____	Complimentary	No Charge
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Lunch, Marston Quad	_____	X \$15	_____
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Wash Party Sontag Greek Theatre	_____	Complimentary	No Charge
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1965 Class Dinner	_____	X \$40	_____
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Event/Activity (continued)	# of People	Price (per person)	Total Cost
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Sunday, May 2

All-Class Brunch Seaver House/Richardson Garden	_____	X \$20	_____
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Registration Fee	_____	X \$30	_____
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Registration fee includes admission to the Class Social, Waffle breakfast, Wash Party, Class Photo, musical events, bus tours, rentals, and other expenses throughout Alumni Weekend. *Registration fee is required for alumni and non-alumni spouses/partners and friends: participants under 21 are not required to pay the registration fee. Registrations submitted after the deadline will be charged an additional fee of \$10/person.*

SUBTOTAL \$ _____

Contribution to '65 Class Reunion Gift \$ _____
(tax deductible as allowed by law)

GRAND TOTAL \$ _____

*(Make checks payable to Pomona College)
(Remember to include Registration Fee)
(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!