

DEPAUW UNIVERSITY ALL-ALUMNI REGISTRATION FORM

Register online, view up-to-date schedules, and review our frequently asked questions at www.depauw.edu/alumni/reunion.

REUNION CLASS MEMBER'S INFORMATION

Name _____
LAST FIRST MAIDEN NAME CLASS YEAR

Mailing address _____

Daytime phone _____ Email address _____

Preferred name for name badge _____

SPOUSE'S/GUEST'S INFORMATION (ATTENDEES AGE 13 YEARS OR OLDER)

Name _____
LAST FIRST MAIDEN NAME CLASS YEAR

Preferred name for name badge _____

Name _____
LAST FIRST MAIDEN NAME CLASS YEAR

Preferred name for name badge _____

Name _____
LAST FIRST MAIDEN NAME CLASS YEAR

Preferred name for name badge _____

MEAL RESERVATIONS

Reservations for all meals must be made in advance. Prices include Indiana State Sales Tax and relevant fees.

Event	# Persons	Cost/Person	Cost/Event
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FRIDAY, JUNE 5

Estate Planning Breakfast _____ x no cost = _____

All-Alumni Kickoff

Reception and Dinner _____ x \$35 = _____

SATURDAY, JUNE 6

All-Alumni Picnic Lunch _____ x \$15 = _____

Class of 2005 Lunch _____ x \$21 = _____

Class of 1960, 1955, 1950, 1945, 1940 and 1935

Reception and Dinner _____ x \$30 = _____

Class of 1970

Reception and Dinner _____ x \$32 = _____

Class of 1975

Reception and Dinner _____ x \$37 = _____

Class of 1980

Reception and Dinner _____ x \$26 = _____

Class of 1985

Reception and Dinner _____ x \$30 = _____

Class of 1990

Reception and Dinner _____ x \$37 = _____

Class of 1995

Reception and Dinner _____ x \$37 = _____

Class of 2000

Reception and Dinner _____ x \$27 = _____

Class of 2010

Reception and Dinner _____ x \$24 = _____

Event	# Persons	Cost/Person	Cost/Event
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CHILDREN'S MEALS

FRIDAY, JUNE 5

Dinner _____ x \$10 = _____

SATURDAY, JUNE 6

Lunch _____ x \$5 = _____

Dinner _____ x \$10 = _____

MEAL TOTAL: _____

DIETARY RESTRICTIONS: Please be specific and provide the name of the person to whom the request applies. Please indicate if food allergies are airborne or ingested.

LODGING

RESIDENCE HALL LODGING

Children at or under the age of 12 with sleeping bags are free. Please note the \$28 cost per person per night is based on double occupancy. Single occupancy is \$56 per person per night. Cost per person is inclusive of 7% Indiana State Sales Tax and 5% Innkeepers Tax.

Night	# Persons	Cost/Person	Cost/Night
Wednesday	_____ x	\$28 double / 56 single	= _____
Thursday	_____ x	\$28 double / 56 single	= _____
Friday	_____ x	\$28 double / 56 single	= _____
Saturday	_____ x	\$28 double / 56 single	= _____
LODGING TOTAL			= _____

SPECIAL REQUESTS (Must be received by May 1, 2015.)

Roommate Request

- I have children and am interested in duplex housing. I understand by requesting this option I may not be in proximity to classmates.
- I do not want a roommate. My room rate is \$56 per night.

ATHLETIC EVENT

DEPAUW 5K RUN/WALK (Saturday, June 6)

Event	# Persons	Cost/Person	Cost/Event
DePauw 5K Run/Walk*	_____ x	\$10	= _____
ATHLETIC EVENT TOTAL			= _____

(Cost per person includes a favor.)

EMERGENCY CONTACT INFORMATION

Please provide the name and phone number of a friend or family member we can contact while you are on campus in case of an emergency.

Name _____

Phone number _____

OTHER IMPORTANT INFORMATION

Advance registration and payment are required by Friday, May 22, 2015. In the event of registration cancellation, all monies will be refunded, minus the per person registration fee. Refunds will not be made after Friday, May 29, 2015.

TRANSPORTATION

- Please check here if you are interested in learning more about transportation between DePauw and Indianapolis International Airport at the rate of \$30 per person each way.

QUESTIONS?

Visit www.depauw.edu/alumni/reunion to register online, review frequently asked questions, schedules, etc., or call the Office of Alumni Engagement at 877-658-2586. Registration forms can also be faxed to 765-658-4081.

CAMP DPYOU

Childcare is available for children ages 12 and younger on Saturday, June 6. Detailed information can be found at www.depauw.edu/alumni/reunion.

	Session I 1-5:30 p.m.	Session II 5:30-10 p.m.	Cost/ Event
Name(s)/Age(s)	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	= _____
_____	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	= _____
_____	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	= _____
_____	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	= _____
CAMP DPYOU TOTAL			= _____

Special care information: _____

CLASS PHOTO

(Mailed after Alumni Reunion Weekend)

	# of Prints	Cost/Print	Total Cost
Class year	_____ x	\$15	= _____

(Cost includes Indiana State Sales Tax and postage charges.)

REGISTRATION TOTALS

	# Adults	Fee	Total Cost
Registration Fee*	_____ x	\$20	= _____
Registration Fee if postmarked after May 1	_____ x	\$25	= _____
Registration Fee if postmarked after May 16	_____ x	\$30	= _____
*Per person age 13 years or older.			
MEAL TOTAL			= _____
CHILDREN'S MEAL TOTALS			= _____
ATHLETIC EVENT TOTAL			= _____
CAMP DPYOU TOTAL			= _____
LODGING TOTAL			= _____
PHOTO TOTAL			= _____
THE FUND FOR DEPAUW GIFT*			= _____
ALUMNI REUNION WEEKEND TOTAL			= _____

*Take this opportunity to support The Fund for DePauw. Your gift will help DePauw increase the alumni participation rate and support your class gift. Thank you.

Upon receipt of this form, the registration is considered complete and final. Once processed, any changes to the registration will result in a \$5 administrative fee.

PAYMENT METHOD

- Check (made payable to DePauw University)
- Visa Mastercard Discover

Name on card _____

Card number _____ Exp. date _____

Signature _____ Date _____