

Homecoming 2010

Registration Form

Please complete this form and mail it with your payment to: *Alumni Office, Paul Smith's College, P.O. Box 265, Paul Smiths, N.Y. 12970*, or fax to (518) 327-6267.

Name: _____ Class year: _____
Address: _____
City: _____
State: _____ Zip code: _____
E-mail: _____ Cell phone: _____
Home phone: _____
Name(s) of guest(s):
Please include the ages of all children

Meals and Activities

Please include all meals and activities you will be attending at Homecoming 2010. Children's prices are for ages 4-12; there is no charge for children under 4. Prices reflect a discounted rate for registering prior to September 17.

Saturday, September 25

Breakfast

9:00 a.m. – 11:00 a.m.

Joan Weill Student Center, Lakeside Dining hall, The Blue Room

____ Adults x \$ 6.00=.....\$ ____

____ Children x \$3.00=.....\$ ____

The Backstage Pass:

10:00 a.m. – 11:00 a.m.

Meet at Saunders Gym, main door

Your support helped fund it, now it's your turn to experience it! Get an interactive tour of our newly completed capital projects: our renovated saw-mill, our eco-friendly swimming pool, our two-story climbing wall, and the Adirondack Watershed Institute.

___ Adults

___ Children

The deans say...:

11:00 a.m. – 12:30 p.m.

Joan Weill Student Center, The Bobcat Cafe

Pour yourself a mimosa or grab a cup of joe and greet the afternoon with an academic update on Paul Smith's signature programs direct from our deans and faculty (Ages 21+ please).

___ Adults

Harvest lunch:

Noon – 1:00 p.m.

Joan Weill Student Center, Lakeside Dining Hall

___ Adults x \$7.75 =.....\$ ___

___ Children x \$5.50 =.....\$ ___

Italian-style dinner:

___ Adults x \$8.75 =.....\$ ___

___ Children x \$5.50 =.....\$ ___

Grand registration
total:.....\$ ___

Opportunities to support students

I would like to be a Homecoming Sponsor.....\$150

I would like to be a Homecoming Benefactor.....\$500

I would like to be a Homecoming Underwriter..... \$1,000

SUPPORT TOTAL.....\$ _____

I/we are unable to attend but have enclosed a tax-deductible contribution to support the greatest needs of Paul Smith's College.

PAYMENT METHOD

CHECK

Made payable to Paul Smith's

College.....\$ _____

Payment in full is enclosed.

Deposit of \$10 is enclosed – balance due on arrival.

CREDIT CARD

MasterCard Visa Discover American Express

Name: _____

Card Number: _____

Expiration date: _____

Code on the back of card: _____

Charge payment in full to this card. \$ _____

Charge deposit of \$10 to this card - balance due on arrival.

Registration and cancellation policy:

Registration deadline is Friday, September 17. To help our caterers by providing an accurate headcount, registrations made prior to September 17 will receive 10% discount on fees. No refunds are available after Wednesday, September 22.