

Please complete this form and mail it with your payment to: Alumni Office, Paul Smith's College, P.O. Box 265, Paul Smiths, NY 12970

Name: _____
 Class Year: _____ Maiden Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Work Phone: _____
 Email address: _____

Name(s) of Guest(s): please include the ages of all children

Anticipated Arrival Date: _____
 Time: _____
 Anticipated Departure Date: _____
 Time: _____

MEALS AND ACTIVITIES

Please include ALL meals and activities that you will be attending during Reunion '09. (Children's prices are for ages 4-12; children 3 and under are free).

FRIDAY

GOLF TOURNAMENT _____ Adults x \$60 = \$ _____
Includes greens fee for 18 holes, cart, transportation from campus and a box lunch.

WINE TASTING _____ Adults x \$5 = \$ _____

STEAK ROAST _____ Adults x \$20 = \$ _____
 ___ vegetarian dinner(s) _____ Children x \$12 = \$ _____

SATURDAY

BREAKFAST _____ Adults x \$8 = \$ _____
 _____ Children x \$4 = \$ _____

PICNIC _____ Adults x \$10 = \$ _____
 _____ Children x \$5 = \$ _____

ALUMNI DINNER _____ Adults x \$25 = \$ _____

TEENS' NIGHT OUT _____ Teens x \$10 = \$ _____
Includes pizza dinner and hike.

SUNDAY

BRUNCH BUFFET _____ Adults x \$10 = \$ _____
 _____ Children x \$5 = \$ _____

MEALS AND ACTIVITIES TOTAL: \$ _____

Paul Smith's College Vintage Logo Pint Glass

_____ Pint Glass x \$4 per Glass = \$ _____

ON-CAMPUS LODGING

_____ \$55 Single Unit x _____ nights = \$ _____
 _____ \$60 Double Unit x _____ nights = \$ _____
 _____ \$65 Family Unit x _____ nights = \$ _____

Rooms are utilitarian. Please bring pillows, extra blankets and towels. No early arrival or late departure please.

LODGING TOTAL \$ _____

CHILDCARE on Saturday 5:30 pm – Midnight (includes Dinner)

_____ Children x \$20 = \$ _____

CHILDCARE TOTAL \$ _____

OVER

