This form is used to collect all of the information needed to build your online reunion registration page. Your reunion registration page will live within the [Dartmouth Alumni Reunion site](http://alumni.dartmouth.edu/engage/reunions) and provide your classmates with all of the information needed to register for your reunion.

Please complete and return the form to Lori Harris by January 26, 2018. Please contact Lori Harris with any questions via email or by phone at 603-646-0306.

**Reunion Welcome Message**

You have the option to include a brief welcome message from your reunion committee on your Alumni Relations website. Please insert the exact language of your introduction and class contact information for registration questions in the space below.

**Welcome Message (125 word limit):**

**Please include the name and contact information below for your committee member who will field general registration questions including refund inquiries:**

**Name:**

**Contact Information:**

**Sample text referencing your reunion contact within the welcome message:**



**Class Logo**

**If would like to include a reunion logo, please attach the image file in your response e-mail; do not embed in this document. Logo is preferred at 200px wide in either direction, and at a resolution of 72 ppi.**

**Reunion Registration Costs**

**Adult Registration Costs:**

Please insert the cost per person for your reunion into the grid below. Please note that Early Bird and Late/Walk-in pricing is optional, but deadlines are fixed and align with the Housing deadline. Rollback pricing is not an option.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Early Bird Rate**(if applicable)*Available until midnight, April 9, 2018.* | **Regular Rate:***April 10 – June 1* | **Late/Walk-in Rate**(if applicable)*June 2 – reunion* |
| **Adult (18+):** |  |  |  |

**Children's Registration Costs:**

Registration costs for children attendees are listed below and will be included on the final College invoice. Click [HERE](http://dartmouth.org/reunions/reunionkids.html) for sample information on what is typically included with each program.

Classes may choose to add an additional fee to the base rates for the Junior and Teen programs to cover costs such as Saturday family lunch, breakfasts and kid's souvenirs, if applicable.

|  |  |  |
| --- | --- | --- |
|  | **Rate Charged on Final College Invoice per Child Attendee** | **Final Fee to Charge On Form** |
| **Infants****(0-23 months)** | Complimentary |  |
| **Toddler Offerings****(ages 2-5)** | Complimentary |  |
| **Junior Program****(ages 6-12)** | $140 per junior - (Thursday arrival)$120 per junior – (Friday arrival) |  |
| **Teen Program****(ages 13-17)** | $120 per teen – (Thursday arrival)$100 per teen - (Friday arrival) |  |

**Financial Aid**

Financial aid programs are managed by the Class. Typically, the Reunion or Class Treasurer receives requests in confidence and arranges details of awards or special pricing with the classmate directly.

Standard Financial Aid Price Points – three options are the maximum:

Free

Dollar amount off total cost – actual price changes with early bird

Customized?

**Refund Policy**

Please include a brief statement of your Class refund policy. We encourage refunds to be made whenever possible.

**Class Refund Policy:**

**Class Contact Name(s) for Refunds:**

**Class Contact Email Address(es) for Refunds:**

**Class Dues**

We will automatically include the text below and option for payment of Class Dues on Classmate registrations.

“In the event you have not yet paid your class dues this fiscal year (July 1, 2017 – June 30, 2018), please consider making that payment now as part of your reunion registration.”

|  |  |
| --- | --- |
| **Type of Dues** | **Amount** |
| Annual Class Dues |  |

**Meals and Other Activities**

We will automatically include all major meals and farewell breakfast for catering numbers. Please provide details for any other event(s) for which you require head counts or which may be fee-based so that your registration page can track this information**. We encourage you to only include items where a count is essential. This helps maintain an efficient registration page and process.**

(You may copy and paste the table for additional items as needed).

|  |
| --- |
| **Activity Name:** |
| **Date/Times:**  |
| **Audience** (e.g. adults only), if applicable: |
| **Description:** |
| **If this activity has a separate fee, what is it?** |

**Souvenirs**

Please complete the following fields if a count, fee, or customized information is needed for your souvenirs.

|  |
| --- |
| **Description:**  |
| **If this souvenir has a separate fee, what is it?**  |
| **If there are options for this item (i.e. hat, bag, sizes, etc.), what are they?**  |

**Registrant Confirmation Email and Weekly Registration Report**

Once a person registers, he/she will receive an automatic email confirmation with the details of their registration. A duplicate of these email confirmations and a comprehensive weekly reunion registration report can also be sent to a committee member(s) on your team.

**Please include the name(s) and email address(es) below for the committee member(s) who will receive these email confirmations and registration reports:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Recipient Name(s):**  | **Email Address(es):** | **Confirmation emails (Y/N)** | **Weekly report (Y/N)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Banking Information**

**Payment Process**

Once registration is live, two reunion revenue checks will be processed per month by the College and sent to the bank you’ve chosen to be deposited in the account listed on this form. Payment amounts are less the 2.5% transaction fees.

**Reunion Bank Account and Mailing Information:**

|  |
| --- |
| **Bank Name:**  |
| **Name on Account:** |
| **Address (for mailing check):** |
|  |
| **Please contact Lori Harris directly at 603-646-0306 to provide the account number.**  |

**Please provide the name and email address of the person who should receive the back-up documentation for each revenue disbursement.**

**Recipient Name:**

**Recipient Email Address(es):**