

# Men's Basketball Reunion

Please complete this form and mail or fax (413-748-3053) to the Office of Alumni Relations.

|   | <b>No. Attending</b> | <b>Total \$ Amount</b> |
|---|----------------------|------------------------|
| Registration fee (per alum): \$10<br><small>This fee covers a favor for each alum and incidental costs.</small> | _____                | _____                  |
| <b>Event:</b>   |                      |                        |
| <b>Friday, April 16</b>   |                      |                        |
| Golf Outing (pricing to follow)   | _____                | Not applicable         |
| Social: \$7 per person  | _____                | _____                  |
| <b>Saturday, April 17</b>   |                      |                        |
| Basketball Clinic   | _____                | No charge              |
| Pizza Party: \$8 per person   | _____                | _____                  |
| Alumni Game   | _____                | No charge              |
| Campus Tour   | _____                | No charge              |
| Reception and Dinner:   |                      |                        |
| \$20 per person   | _____                | _____                  |
| \$10 per child (under 12)   | _____                | _____                  |
| <b>TOTAL:</b>   |                      | <b>\$</b> _____        |

Name \_\_\_\_\_ Class \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Guests(s) \_\_\_\_\_ Class (if applicable) \_\_\_\_\_

**Payment information**

Check enclosed (made payable to Springfield College Alumni Association)  
 Check No. \_\_\_\_\_

Please charge my:  
 Visa     MasterCard     American Express     Discover  
 Cardholder \_\_\_\_\_  
 Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Zip Code \_\_\_\_\_

**Housing Information:** Rooms are available at the Hilton Garden Inn in downtown Springfield for \$109/night. To make your reservations, please call the Hilton Garden Inn at (413) 886.8000. Reservations must be made no later than March 5 to receive the special rate. When making your reservation, be sure to mention you are attending the Springfield College Men's Basketball Reunion.

**Tickets & Registration:** Registration and ticket pick-up will take place on Saturday, April 16, 9:30 a.m. at Dana Gymnasium in the Physical Education Complex. No tickets will be mailed in advance.

**Refunds:** Refunds require at least 48 hours notice. Your cancelled check is your receipt.

**Questions or Special Needs:** Anyone with special needs should contact the Office of Alumni Relations in writing at least two weeks prior to the event.

**Mail to:** Springfield College, Office of Alumni Relations  
 263 Alden Street, Springfield, MA 01109-3797  
**P** (413) 748-3161 **F** (413) 748-3053