

# REGISTRATION FORM

Please make a copy of this form for your records and please print clearly!

# reunion '08

The Masters School ■ May 16-17

First Nickname Maiden Last Class

Street Address

City State Zip

Home telephone Business telephone E-mail

Name(s) of Guest(s)

**Reunion attendance lists will be published on The Masters School website and shared with fellow classmates.**  Check here if you do *not* want your name listed online.

REUNION MEALS	Number of Attendees	Cost Per Person	Subtotal
No fee for alumnae/i from the classes of 1958 and 2003 or former and current faculty/staff. Fee required for all other classes and all guests.			
FRIDAY, MAY 16, 2008			
Welcome and Cocktail Reception		\$15	\$
SATURDAY, MAY 17, 2008			
Garden Lunch		\$35	\$
Reunion Banquet		\$75	\$
MY GIFT TO THE ANNUAL FUND			
Please consider making a gift to the Annual Fund at this time. This will be credited to your Reunion Class Gift total.			\$
GRAND TOTAL			\$

**Payment** (please check one)  MasterCard  VISA  American Express

Credit card number Expiration Date

Cardholder's name as it appears on the card Signature

**OR make check payable to The Masters School and mail to:** Alumnae/i and Development Office, The Masters School, 49 Clinton Avenue, Dobbs Ferry, NY 10522

**You may also fax forms to 914-674-0436 ■ PLEASE NOTE: Payment must be made in advance.**

# REUNION EVENTS

These events are offered at no charge. Please indicate which events you will attend so we can plan accordingly. Thank you.

	Number of Attendees
The Future of The Masters School: Panel Discussion	
The Dobbs Alumnae/i Association Assembly and Awards Ceremony	
The Maypole	
Gold Key Campus Tours	
Math Harkness Experience	
English Harkness Experience	
Political Science Harkness Experience	
<b>50th Reunion Only</b>	
Memorial Tree Planting	
50 Years Later-The Creative Class of 1958	

**Emergency Contact Information** (your registration is not complete without this information)

*This contact information will be kept with the Director of Alumnae/i Relations and will remain confidential.*

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Name of Emergency Contact During Reunion

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Telephone Number for Emergency Contact

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Address for Emergency Contact

**Please let us know if you have any disability-related reunion needs.**

Wheelchair     Other (please be specific) \_\_\_\_\_