

Reservation Form

NAME OF GRADUATE _____

EMAIL ADDRESS _____ PHONE # _____

TICKETS: (Please note ticket needed for graduating senior as shown here - Example: 2/1, indicates that you are purchasing two and one is for the graduate, totaling 3. There is no charge for graduating seniors. Children age 10 and under may pay the child price for meals.)

Quantity:

_____ Masters Program Dinner (Thursday, May 8)	Adult	@ \$18.00 each	=	_____
_____ President's Brunch (Friday, May 9)		complimentary	=	_____
_____ Commencement Banquet (Friday, May 9)	Adult	@ \$16.00 each	=	_____
_____ Commencement Banquet (Friday, May 9)	Child	@ \$8.00 each	=	_____
_____ Post-Commencement Buffet (Saturday, May 10)	Adult	@ \$12.00 each	=	_____
_____ Post-Commencement Buffet (Saturday, May 10)	Child	@ \$6.00 each	=	_____
SUBTOTAL =				_____

ON-CAMPUS HOUSING: (Please provide guest names below.)

_____ Residence hall rooms - \$30 <u>per person</u> for one night	=	_____
_____ Residence hall rooms - \$50 <u>per person</u> for two nights	=	_____
_____ I am a summer/winter graduating senior and need a room (No Charge)		
SUBTOTAL =		_____

Please complete the section below and list the names of those who will room together and **note those needing handicap accommodations.** The Campus Life/Housing Office will assign rooms.

Room 1 _____	Thursday _____	Friday _____
Cell Phone #, if available _____		
Room 2 _____	Thursday _____	Friday _____
Cell Phone #, if available _____		
Room 3 _____	Thursday _____	Friday _____
Cell Phone #, if available _____		

*Please note those needing first floor accommodations because of health and/or handicap accessibility. Space is limited, therefore, only those needing first floor rooms will be placed on that level. We appreciate your understanding.

CONTINUED ON BACK

PAYMENT INFORMATION

MEAL TICKET SUBTOTAL = _____

ON-CAMPUS HOUSING SUBTOTAL = + _____

TOTAL FOR ALL TICKETS AND ROOMS = \$ _____

Check one:

_____ Full payment is enclosed. Checks are payable to West Virginia Wesleyan College (or WVWC).

_____ Please charge the above total to my credit/debit card.

please circle: American Express MasterCard Visa Discover

Card number _____

Expiration Date _____ 3 digit security code on back _____

Signature of Cardholder _____

Please print name and mailing address of cardholder:

*** All meals and rooms must be prepaid. Please return form and payment by May 2. Thank you. ***

*****NOTE: Requests for refunds must be made before May 6. No refunds can be honored after May 6.
Please allow 3-4 weeks for refund check to arrive.**

Questions? Please call (800)768-8264 or email alumni@wwvc.edu

Return form by May 2 to: Office of Alumni Relations, Erickson Alumni Center, 59 College Avenue, Buckhannon, WV 26201.