

Christian College Reunion Weekend Registration Form

Registrant Information

First Name

Maiden (*if applicable*)

Last Name

Please print your name as you would like it to appear on your name tag.

Address (Street, City, State, Zip)

Home Phone

Cell Phone

Email

Graduation Year

Guest Information

Print names as you would like them to appear on their name tags.

Guest Name (First and Last)

Graduation Year(s) (*if CC graduate*)

Guest Name (First and Last)

Graduation Year(s) (*if CC graduate*)

Special Requirements

Dietary requirements: _____

Mobility issues, please advise: _____

I request accommodation for the walking tour (please circle one): Golf Cart Wheelchair



Event Registration

Online registration available at www.columbiacollegealumni.org/reunionweekend

Friday, May 3 & Saturday, May 4	Cost per person	Number Attending	Total
All Reunion Weekend Activities	\$75		\$

Friday Only	Cost per person	Number Attending	Total
Alumni Social 6 p.m. to 8 p.m.	\$25		\$

Saturday Only	Cost per person	Number Attending	Total
Activities 8 a.m. to 5 p.m.	\$65		\$

Saturday Lunch Only	Cost per person	Number Attending	Total
Lunch 11:30 a.m. to 1:30 p.m.	\$30		\$
	Total Due		

A list of registered attendees will appear on the event website, and photographs and videos will be taken at Reunion Weekend. Your registration constitutes permission for Columbia College to use your likeness in publications or promotional items (printed or electronic). Any individual who does not consent must notify the Alumni Relations office.

Payment Details

Payment by check

I have enclosed a check made payable to Columbia College.

Payment by credit card

Please debit my credit card: Visa MasterCard Discover

Name on Card: _____ Total Amount Due: \$ _____

Card No.: _____ Expiration: _____ CVC#: _____

Please return your completed registration form and payment to:
Columbia College, Alumni Relations Office
1001 Rogers Street
Columbia, MO 65216