STRATFORD COLLEGE

HOMECOMING RESERVATION

Name _____ **(preferred for name tag)**

Adddress _____

City _____ **State**_____ **Zip**_____
Home Phone ( ) **E-Mail**

May we post your name and e-mail address on the alumnae website as planning to attend homecoming?

If you have a spouse or guest attending, please complete:

Spouse/Guest
First **Last** **Preferred Name**

Total Week-End Reservation is $115.00 per person (Includes festivities for Friday Night, Saturday and Sunday). If you are only attending part of the activities, compute your cost below

	(Per Person)	
Registration Fee (required)	**$30.00**	_____
Friday, October 1 **Cocktails and Heavy Hors d'oeuvres**	**$20.00**	_____
Saturday, October 2 ***Box Lunch*** **Ham Club Vegetarian**	**$10.00** ***(Includes sandwich, chips, macaroni salad, cookie and drink)***	
Saturday Night (Cocktails, Dinner, DJ)	**$40.00**	_____
Sunday, October 3 ***Brunch at Stratford House***	**$15.00**	_____
	Subtotal	_____

Please make check payable to *Stratford College Alumnae Association*. Reservation deadline is AUGUST 16, 2004. A refund will be made upon request if reservation is cancelled by September 20th.

A block of rooms has been reserved at Ramada Inn (formerly known as Stratford Inn). Call 434-793-2500. For other Hotel Information contact Kathy Gray at 1-800-842-5812.