



Alumni Reunion

Reservation Form

CONTACT INFORMATION

Name (include maiden name): _____ Preferred Name on name tag: _____

Class Year: _____

Street Address: _____

(City)

(State)

(ZIP Code)

Daytime Phone Number: _____ Evening Phone Number: _____

E-mail Address: _____

GUEST INFORMATION

Name: _____ Preferred Name on name tag: _____

Name: _____ Preferred Name on name tag: _____

FRIDAY, APRIL 28

<u>Event</u>	<u>Number Attending</u>	<u>Cost Per Person</u>	<u>Total Cost</u>
Wine and Cheese Reception	_____	x \$10.00	\$ _____
Vaudeville: A Tribute to Broadway (Call Nancy in the box office at 217-735-5050 ext. 280 to reserve your ticket.)	_____	FREE	FREE

SATURDAY, APRIL 29

<u>Event</u>	<u>Number Attending</u>	<u>Cost Per Person</u>	<u>Total Cost</u>
Run, Ramble and Roll 5K Run	_____	x \$20.00 Includes T-shirt and brunch T-shirt size (Circle One): S M L XL	\$ _____
1 Mile Walk	_____	x \$20.00 Includes T-shirt and brunch T-shirt size (Circle One): S M L XL	\$ _____

Race Release and Waiver: I for myself, my executor, administrator, and assigns, do hereby release and discharge Lincoln College, the race organizers, and all sponsors from all claims of injury, damages, or liabilities of any kind arising from my participation in this event. If weather is inclement I willingly donate my registration fee to Lincoln College's Scholarship Fund, knowing that it will assist Lincoln College students who need financial assistance. (Signature required by each participant. If participant is under 18, form must be signed by a guardian.)

Signature: _____ Date: _____

Signature: _____ Date: _____

SATURDAY, APRIL 29 (CONTINUED)

Event	Number Attending	Cost Per Person	Total Cost
Brunch (not participating in Run, Ramble and Roll) _____		x \$ 5.00	\$ _____
Spa Treatments – Manicures/Chair Massage _____ (Contact Jennifer at 309-268-4332 or jfeaman@lincolncollege.edu to schedule your appointment.)		FREE	FREE
Guided Campus Walking Tours		FREE	FREE
Golf Cart Request for Tour _____		FREE	FREE
Lecture Series			
1:00 p.m. – 1:45 p.m. (Choose One)			
A Mammoth Find _____		FREE	FREE
Lincoln College Express Show Choir _____		FREE	FREE
2:00 p.m. – 2:45 p.m. (Choose One)			
The Lincoln Center and Museum _____		FREE	FREE
Lincoln College Video _____		FREE	FREE
3:00 p.m. – 3:45 p.m. (Choose One)			
The Memorial Brass _____		FREE	FREE
The Brazilian Connection _____		FREE	FREE
Alumni Reunion Dinner and Program _____		x \$30.00	\$ _____
Post-Reunion Gathering _____		Cash Bar/No Cover Charge	

SUNDAY, APRIL 30

Event	Number Attending	Cost Per Person	Total Cost
Abraham Lincoln Presidential Museum Tour _____		x \$ 8.00 Includes admission and transportation	\$ _____

PAYMENT INFORMATION

___ **Check Enclosed** (Make payable to Lincoln College Alumni Association)

___ **Credit Card Payment**

Name on Card: _____

Card Number: _____

Expiration Date: _____

Cardholder's Signature: _____

Card Type (Circle One): VISA Master Card Discover American Express

<p>Grand Total Enclosed</p> <p>\$ _____</p>
--

Make your reservation by April 14, 2006

Mail: Lincoln College
 Office of Alumni Relations
 300 Keokuk Street
 Lincoln, Illinois 62656

Online: www.lincolncollege.edu/alumni/

Phone: 877-522-5867

Fax: 217-732-1665

We look forward to seeing you soon!