

### Facsimile or Mail Reservation Form

*Clambake– Scituate, MA*  
(No later than July 18th)

**TO:** The College of Wooster  
Office of Alumni Relations– Erin Toohey  
Wooster, OH 44691

**FAX:** (330) 263-2250  
**PHONE:** (330) 263-2676

**From:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**E-mail Address(es):** \_\_\_\_\_

**FAX #:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  Home  Cell  Work

Please reserve \_\_\_\_\_ places for the Clambake.

**Name(s) and Class Year (if applicable) of people attending:**

(As you would like them to appear on nametags)

_____	Class Year	_____
_____	Class Year	_____
_____	Class Year	_____
_____	Class Year	_____

\_\_\_\_\_ Young Alumni x \$10.00 each\*\*  
*\*\* Please note that this price applies to Graduates of the Last Decade (G.O.L.D) and **one** guest. Additional guests and non-G.O.L.D. alumni are asked to purchase their ticket for the standard price of this event, \$37.00. Thank you.*

\_\_\_\_\_ Additional Alumni & Guests x \$37.00 each                      Total      \$ \_\_\_\_\_

\_\_\_\_\_ I am a class officer

\_\_\_\_\_ My check for \$ \_\_\_\_\_ made payable to The College of Wooster, is enclosed.

Please charge \$ \_\_\_\_\_ to my                       VISA                       Mastercard                       Discover

Card Number \_\_\_\_\_                      Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_

Signature \_\_\_\_\_                      Today's Date \_\_\_\_\_