

NAME PREFERRED FIRST NAME ON NAMETAG

CLASS MAIDEN NAME (IF APPLICABLE)

ADDRESS

EMAIL DAYTIME PHONE

SPOUSE/GUEST NAME PREFERRED FIRST NAME ON NAMETAG

CLASS (IF APPLICABLE) MAIDEN NAME (IF APPLICABLE)

I/We will attend the following activities and meals:

FRIDAY, MAY 20

6-8 p.m. **Opening Barbeque**
 College Center Patio one two x \$12 each \$ _____

8:30-11 p.m. **Hospitality Room and Reception**
 Stoney Creek Inn one two No charge

SATURDAY, MAY 21

8:45-10 a.m. **Campus Tour, Open Houses and Light Breakfast**
 Shuttle vans leaving Centennial Hall circle drive in 10-15 minute intervals, stopping at open houses at Dahl Presidents Home and House on the Hill. one two No charge

9 a.m. **Don Fraternity Reunion Breakfast**
 Wilson Center one two x \$7 each \$ _____

10:30-11:30 a.m. **Faculty and Alumni Speakers Forum**
 Wallenberg Hall one two No charge
 Dr. Darrin Good
Vocation for Life: Service Learning at Augustana

11:30-12:15 p.m. **Individual Class Photographs**
 Wallenberg Hall _____ x \$10 each \$ _____

12:30-2 p.m. **Reunion Luncheon**
 Wilson Center one two x \$11.50 each \$ _____

4:30–5:30 p.m. **Alumni Association Reception**
 College Center, Second Floor Lounge one two No charge

6 p.m. **Alumni Association Banquet**
 College Center Dining Hall one two x \$20 each \$ _____

SUNDAY, MAY 22

8:30–9:30 a.m. **Coffee Hour**
 College Center Dining Hall one two No charge

10 a.m. **Baccalaureate Service** (*tickets are required*)
 Centennial Hall one two No charge

11:15 a.m. **Reunion Classes Brunch**
 College Center Board Room one two x \$13 each \$ _____

2 p.m. **Robing for Commencement**
 i Wireless Center
 Graduates of the classes of 1961, 1956, 1951, 1946, 1941, 1936 and 1931 will take part in Commencement activities. We invite graduates of these classes to be outfitted in caps and gowns.

I will take part in the Commencement Procession at the i Wireless Center.

If you are taking part in the Commencement Procession, please complete the following so that we can have an appropriate cap and gown for your use:
 Your height _____

I will bring my own academic apparel.

TOTAL \$ _____

PAYMENT OPTIONS

Check enclosed made payable to Augustana College

Bill my credit card exp. date /

Please list any special needs or accommodations you may require

Other things we should know about your visit:

Please return with payment no later than Friday, May 6.
 email bethvandemore@augustana.edu with questions; or call (800) 798-8100 x7589