

2017 Commencement Reservation Form

NAME OF GRADUATE _____

EMAIL ADDRESS _____ CELL PHONE # _____

PERSON MAKING RESERVATION _____ CELL PHONE # _____

**TICKETS: Graduates and their guests will need to secure tickets for the following events.
Please indicate how many will be attending so we may be properly prepared.**

Quantity (Graduate plus guests):

_____ Graduate Reception (Friday, May 5)	Complimentary	=	_____ \$0 _____
_____ Post-Commencement Buffet (Sat. May 6)	Adult @ \$15.00 each	=	_____
_____ Post-Commencement Buffet (Sat. May 6)	Child @ \$10.00 each (Age 12 and under)	=	_____
	TOTAL	=	_____

PAYMENT INFORMATION

_____ Full payment is enclosed. Checks are payable to West Virginia Wesleyan College.
Return form to: Office of Alumni Relations, Erickson Alumni Center, 59 College Avenue, Buckhannon, WV 26201.

_____ Please charge the above total to my credit/debit card.
____ American Express ____ MasterCard ____ Visa ____ Discover

Card number _____

Expiration Date _____ 3 digit security code _____

Signature of Cardholder _____

Please print name, mailing address and phone number of cardholder:

*** All events must be prepaid. Please return form and payment by Friday, April 28. Thank you. ***

Questions? Please call (304)473-8509 or email alumni@wvwc.edu