



# CLASS OF 1961 65th REUNION

## PAPER REGISTRATION FORM

### CLASSMATE / ASSOCIATE – PLEASE PRINT

NAME \_\_\_\_\_ BADGE NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

### MEALS ATTENDING – USE CHECK MARKS

MEALS	THU	FRI	SAT	SUN
BREAKFAST	XXXXX			
LUNCH	XXXXX			XXXXX
DINNER				XXXXX

DIETARY RESTRICTIONS - Please circle: Kosher Vegetarian Vegan Gluten-free Dairy-free Halal

SEVERE ALERGY: Describe

ACCESSABILITY NEEDS: Describe

If you plan to rent a golf cart for personal use at the Reunion, please email Frank Novak [novakf@verizon.net](mailto:novakf@verizon.net) or call him at 973-342-7835. He will acknowledge your request and, when available, assist you in filing the golf cart request form.

WHO'S COMING? Initial here if you do not wish to be included in the "Who's Coming" list: \_\_\_\_\_

REGISTRATION FEE: Circle amount and enter amount on page 4 under **REUNION FEES**

	Early Fee to 1/10/2026	Reg Fee to 5/12/2026	After 5/12/2026	Saturday Only
CLASSMATE	\$625	\$640	\$650	\$165
ASSOCIATE	\$275	\$275	\$275	\$80

### CAMPUS HOUSING

*Our class is assigned a limited number of beds at Forbes College (singles and doubles, \$255 per person for the full reunion, includes linens and pillows, Forbes has elevators.) Also available are beds at the Theological Seminary (singles, \$325 per bed for the full reunion, with linens and pillows). Seminary has no elevators and all bathrooms are shared. These beds may be requested only for classmates, alone or with spouses/partners, with a limit of 2 beds per classmate. It is recommended that light blankets be brought from home.*

*I request \_\_\_\_\_ bed(s) at: Forbes College \_\_\_\_\_ Theological Seminary \_\_\_\_\_ (check one)*

*I or my spouse/partner need Campus Housing because \_\_\_\_\_*

*A lottery for campus housing requests will be held after the Early Fee period ends on Jan 10, 2026. All requests for Campus Housing must be made before Jan 10. Priority will be given to attendees with special mobility or impairment needs. After the lottery we will advise the results to all applicants and bill the winners for their beds. Payment must be made by check payable to PRINCETON UNIVERSITY CLASS OF 1961 and sent to Lee Blyler at the address given on page 4 by April 15. Beds not paid by April 15 will be assigned to others.*

**SPOUSE / PARTNER / GUEST 1 – PLEASE PRINT**

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

BADGE NAME \_\_\_\_\_

**MEALS ATTENDING – USE CHECK MARKS**

NAME	THU	FRI	SAT	SUN
BREAKFAST	XXXXX			
LUNCH	XXXXX			XXXXX
DINNER				XXXXX

DIETARY RESTRICTIONS – Please circle: Kosher Vegetarian Vegan Gluten-free Dairy-free Halal

SEVERE ALERGY: Describe \_\_\_\_\_

ACCESSABILITY NEEDS: Describe: \_\_\_\_\_

**REGISTRATION FEE:** Circle amount and enter amount on page 4: **REUNION FEES**

	By 1/10/26	By 5/12/26	After 5/12/26
S/P/Guest 1	3 day \$455 Sat \$140	3 day \$470 Sat \$140	3 day \$475 Sat \$150
*Age 10 – 20 <u>*Age</u>	3 day \$275 Sat \$80	3 day \$275 Sat \$80	3 day \$275 Sat \$80
Age under 10	\$0	\$0	\$0

\*Age as of May 21, 2026 – Please provide

**GUEST 2 – PLEASE PRINT**

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

BADGE NAME \_\_\_\_\_

**MEALS ATTENDING – USE CHECK MARKS**

NAME	THU	FRI	SAT	SUN
BREAKFAST	XXXXX			
LUNCH	XXXXX			XXXXX
DINNER				XXXXX

DIETARY RESTRICTIONS – Please circle: Kosher Vegetarian Vegan Gluten-free Dairy-free Halal

SEVERE ALERGY: Describe \_\_\_\_\_

ACCESSABILITY NEEDS: Describe: \_\_\_\_\_

**REUNION FEE:** Circle amount and enter amount on page 4: **REUNION FEES**

	By 1/10/26	By 5/12/26	After 5/12/26
Adult Guest	3 day \$455 Sat \$140	3 day \$470 Sat \$140	3 day \$475 Sat \$150
*Age 10 – 20 <u>*Age</u>	3 day \$275 Sat \$80	3 day \$275 Sat \$80	3 day \$275 Sat \$80
Age under 10	\$0	\$0	\$0

\*Age as of May 21, 2026 - Please provide

**GUEST 3 – PLEASE PRINT**

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

BADGE NAME \_\_\_\_\_

**MEALS ATTENDING – USE CHECK MARKS**

NAME	THU	FRI	SAT	SUN
BREAKFAST	XXXXX			
LUNCH	XXXXX			XXXXX
DINNER				XXXXX

DIETARY RESTRICTIONS – Please circle: Kosher Vegetarian Vegan Gluten-free Dairy-free Halal

SEVERE ALERGY: Describe \_\_\_\_\_

ACCESSABILITY NEEDS: Describe: \_\_\_\_\_

REGISTRATION FEE: Circle amount and enter amount on page 4: **REUNION FEE**

	By 1/10/26	By 5/12/26	After 5/12/26
Adult Guest	3 day \$455 Sat \$140	3 day \$470 Sat \$140	3 day \$475 Sat \$150
*Age 10 – 20 <u>*Age</u>	3 day \$275 Sat \$80	3 day \$275 Sat \$80	3 day \$275 Sat \$80
Age under 10	\$0	\$0	\$0

\*Age as of May 21, 2026 – Please provide

**GUEST 4 – PLEASE PRINT**

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

BADGE NAME \_\_\_\_\_

**MEALS ATTENDING – USE CHECK MARKS**

NAME	THU	FRI	SAT	SUN
BREAKFAST	XXXXX			
LUNCH	XXXXX			XXXXX
DINNER				XXXXX

DIETARY RESTRICTIONS – Please circle: Kosher Vegetarian Vegan Gluten-free Dairy-free Halal

SEVERE ALERGY: Describe \_\_\_\_\_

ACCESSABILITY NEEDS: Describe: \_\_\_\_\_

REGISTRATION FEE: Circle amount and enter amount on page 4: **REUNION FEES**

	By 1/10/26	By 5/12/26	After 5/12/26
Adult Guest	3 day \$455 Sat \$140	3 day \$470 Sat \$140	3 day \$475 Sat \$150
*Age 10 – 20 <u>*Age</u>	3 day \$275 Sat \$80	3 day \$275 Sat \$80	3 day \$275 Sat \$80
Age under 10	\$0	\$0	\$0

\*Age as of May 21, 2026 – Please provide

## APPAREL

Appropriate attire for the P-rade is described in the letter accompanying this form. No new apparel is required for the Reunion. The following optional items for purchase are golf shirts and T-shirts with our "Burning Bright" logo. To assure delivery in time for the Reunion, **please order these items prior to January 10, 2026.** We cannot guarantee Reunion delivery of clothing items ordered later than January 10. Any payments received for undelivered items will be refunded.

**APPAREL FEE:** Enter total number for each size and type. Enter **TOTAL COST** to **REUNION FEE**.

Type	Size	S	M	L	XL	XXL	Unit Cost	Cost
White Golf (Men's)							\$40	
White Tee (Men's)							\$20	
White Tee (Children's)					XXXX	XXXX	\$15	
<b>TOTAL COST</b>	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXXXX	

**1961 REUNION FUND:** I wish to make a **voluntary (not tax exempt) donation** to assist needy Classmates to attend the Reunion. **LIST AMOUNT:** \_\_\_\_\_

## REUNION FEE

**REGISTRATION FEE FOR CLASSMATE / ASSOCIATE:** \_\_\_\_\_

**REGISTRATION FEE FOR SPOUSE / PARTNER / GUEST 1:** \_\_\_\_\_

**REGISTRATION FEE FOR GUEST 2:** \_\_\_\_\_

**REGISTRATION FEE FOR GUEST 3:** \_\_\_\_\_

**REGISTRATION FEE FOR GUEST 4:** \_\_\_\_\_

**REGISTRATION FEES FOR ADDITIONAL GUESTS\*:** \_\_\_\_\_

**VOLUNTARY REUNION FUND GIFT** \_\_\_\_\_

**TOTAL OF APPAREL COSTS:** \_\_\_\_\_

**TOTAL REUNION FEE:** \_\_\_\_\_

\*If you have Additional Guests, please copy page 3, fill it out, and include the page with this form.

**SEND THIS FORM AND A CHECK PAYABLE TO: Princeton University Class of 1961 FOR THE TOTAL REUNION FEE TO:**

**LEE BLYLER, 55 KENSINGTON RD, BASKING RIDGE, NJ 07920**

**Registration questions: EMAIL: [blylers@verizon.net](mailto:blylers@verizon.net) CELL: 908-672-8505**