

Full Name:			Email:	
Class	Leadership Role:			
Event	t Mode: [] In-Person [] Virtual [] Hy	brid		
Event	t Title:			
Event	t Type: (Please check all that apply) Breakfast Lunch Reception/Cocktail Party Dinner Short Mini-reunion (1-4 days) Long Mini-reunion/Trip of (5+ days) Academic Program t Date(s): t Location(s): *if virtual/hybrid, please special		Speaker Event / Webinar Sporting Event / Tailgate Other (please specify):	
Numl	per of Classmates Attending*:	N	umber of Guests Attending*:	
Did v	*if hybrid, please specify number of attention on the hybrid, please specify number of attention of the hybrid specific number		•	
Dia y			soring organization:	
Appro	oximate cost / source of funds (optional):			
Pleaso	e describe the event, including volunteers w	ho help	ed organize and/or vendors used.	