**CLASS OF 1967**

**SPRINGFIELD COLLEGE REUNION 2017 – June 8-11, 2017**

PRE-RESPONSE FORM

This is **not** a reunion registration. This information is simply to help us in the planning stages, and gathering an approximate attendance count is an important part of that process. We’re looking for responses from everyone, whether you can make it, whether you can’t, or even if you’re still a maybe. So we’re asking for your help! Please fill out the form and send it back to the Office of Alumni Relations.

**CONTACT INFORMATION**

**NAME**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Cell Work

**ATTENDANCE INFORMATION**

I plan to attend the Reunion, and will be accompanied by:

Put me down as uncertain. I will confirm my plans later.

Sorry, I cannot attend. I will notify you if this changes.

**Mail completed form to**: Springfield College, Alumni Relations,

263 Alden Street, Springfield MA 01109-3797, or fax to (413) 748-3616. A scanned copy may be e-mailed to [alumni@springfieldcollege.edu](mailto:alumni@springfieldcollege.edu) .