



## 2019 Private Post-Commencement Gatherings Agreement Form

We have read the Post-Commencement Gatherings Guidelines and fully understand, acknowledge, and agree to them.

**PLEASE PRINT LEGIBLY: Information and signature of BOTH hosts is required.**

By: \_\_\_\_\_  
Signature of Student Host  
\_\_\_\_\_  
Full Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State      Zip Code  
\_\_\_\_\_  
E-mail  
\_\_\_\_\_  
Date

By: \_\_\_\_\_  
Signature of Parent/Guardian Host  
\_\_\_\_\_  
Full Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State      Zip Code  
\_\_\_\_\_  
E-mail  
\_\_\_\_\_  
Date

\*\*\*\*\*

### OTHER TENT PARTICIPANTS

Please list below the graduates (**proper name, NO nicknames**) who will participate in your post-Commencement gathering. A map of the post-Commencement gathering area will be posted on the Commencement Web site.

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

Estimated Number of Guests: \_\_\_\_\_

If you wish your tent to be in close proximity to anyone in particular, please list the name of the student host(s) below.  
Every effort will be made to accommodate your request.

***Please return this agreement along with a \$400.00 check payable to "Trustees of Trinity College" and a Certificate of Insurance by 4:30 p.m. Friday, April 5, 2019***

*to: Commencement Weekend – Tent Celebrations  
College Events c/o Smith House  
Trinity College, 300 Summit Street, Hartford, CT 06106-3100*

**Questions? Please e-mail [calendar-office@trincoll.edu](mailto:calendar-office@trincoll.edu).**