

**Trinity College**

**2023 Individual Post-Commencement Celebration Agreement**

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

By: _____	By: _____
Signature of Student Sponsor	Signature of Parent/Guardian Sponsor
_____	_____
Full Name	Full Name
_____	_____
Address	Address
_____	_____
City, State, Zip	City, State, Zip
_____	_____
E-mail	E-mail
_____	_____
Cell Phone	Cell Phone

**OTHER TENT PARTICIPANTS**

Please list below the graduates who will contribute to your individual Post-Commencement celebration.

1 _____	6 _____
2 _____	7 _____
3 _____	8 _____
4 _____	9 _____
5 _____	10 _____

Size of Tent Requested: \_\_\_\_\_ Rental Fee Submitted: \$ \_\_\_\_\_

Send this agreement, COI, and rental fee (payable by or credit card or check made out to *Trustees of Trinity College*) by 4:30 p.m., Friday, April 7. Agreements received after April 7 will be charged an additional \$200.00 late fee.

**Post-Commencement Celebrations  
President's Office  
Trinity College  
300 Summit Street  
Hartford, CT 06106**