

CLASS OF '85 30 YEAR REUNION REGISTRATION - SEPTEMBER 11 - 13, 2015

Hotel Reservation Deadline: August 21 - Reunion Registration Deadline: August 30

Name: _____ Email: _____

Address: _____ Daytime Phone: _____

City: _____ State: _____ ZIP: _____

REUNION NAMETAGS

Please include the relationship* of each guest and Class Years for all former students of A&M.

* spouse, child, friend, sibling, parent, etc...

Classmate Nametag: _____

Spouse Nametag: _____

Cap Visor

Cap Visor

Guest 1 Nametag: _____

Guest 2 Nametag: _____

Relationship: _____

Relationship: _____

REUNION REGISTRATION & ACTIVITIES			TOTAL								
Registration for myself	<input type="checkbox"/> \$25 - Classmate Registration		\$								
Registration for Spouse & Guest(s)	<input type="checkbox"/> \$25 - (includes all guests)		\$								
Indicate the activities each guest will be attending, including yourself, by filling the boxes on the left and your total on the right.											
Add a \$10 late fee after August 30, 2015 (food cannot be guaranteed 3 days prior to event)			\$								
WHO'S ATTENDING	ACTIVITY	PRICE PER PERSON									
<table border="1"> <tr> <td>Classmate</td> <td>Spouse</td> <td>Guest 1</td> <td>Guest 2</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Classmate	Spouse	Guest 1	Guest 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Friday Reception & Dinner at the MSC Gates Ballroom	\$35	\$
Classmate	Spouse	Guest 1	Guest 2								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	Saturday Campus Tour	No Charge	No Charge								
<input type="checkbox"/>	Saturday Lunch at Duncan Dining Center	\$25	\$								

GRAND TOTAL FOR REGISTRATION & ACTIVITIES \$ _____

Method of Payment: Please one: Check (Payable to The Association of Former Students)
or Credit Card: Mastercard / Visa / Discover / American Express

Card #: _____ - _____ - _____ - _____ Exp. Date: _____ / _____ Verification Code*: _____

Signature: _____ Date: _____ Check #: _____

* The last 3 digits of the number printed on the signature line on the back of your card

If you have any special dietary or physical needs, please let us know: _____

**Return this form to The Association,
PO BOX 10005, College Station, TX 77842-0005
or fax to 979-845-9263
ATTN: Class of '85 30 Year Reunion
Register Online at tx.ag/85reunion30th - it's free and secure!**

Office Use:
Rcd: _____
BSR: _____
PID: _____
Proc: _____
Letter: _____
Tags: _____