

CLASS OF '56 MINI REUNION REGISTRATION - APRIL 21 - 24, 2013

DEADLINES: HOTEL RESERVATION: MARCH 29 - REUNION REGISTRATION: APRIL 7

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: _____

Guest 1 Nametag: _____ Guest 2 Nametag: _____

Relationship: _____ Relationship: _____

| REUNION REGISTRATION & ACTIVITIES | | | | | | TOTAL |
|---|--------------------------|--------------------------|--------------------------|--------------------------|---|-------|
| Registration for myself | | | | | <input type="checkbox"/> \$10 - Registration | \$ |
| Registration for Spouse & Guest(s) | | | | | <input type="checkbox"/> \$10 - (includes all guests) | \$ |
| Add a \$10 late fee if registering after April 7, 2013 (food cannot be guaranteed 3 days prior to event.) | | | | | | \$ |
| Indicate the activities each guest will be attending, including yourself, by filling the boxes on the left and your total on the right. | | | | | | |
| WHO'S ATTENDING | | ACTIVITY | NUMBER ATTENDING | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Classmate | Spouse | Guest 1 | Guest 2 | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | x \$30 | \$ |
| | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | x \$30 | \$ |
| | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | x \$30 | \$ |
| | | | | | | |
| 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: _____

* 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: _____

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

Return this form to 505 George Bush Dr., College Station, TX 77840
or fax to 979-845-9263
ATTN: Class of '56 Spring Mini Reunion
Register Online at www.AggieNetwork.com/Reunions - it's free and secure!