

CLASS OF '00 TEN YEAR REUNION REGISTRATION - SEPTEMBER 3 - 5, 2010

DEADLINE FOR REUNION REGISTRATION - AUGUST 25, 2010

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

One-Time Registration fee	\$5 per registrant/form	\$ 5.00
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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

COST/PERSON

	Classmate	Spouse	Guest 1	Guest 2			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Class Mixer at Northgate Promenade	Pay at designated facility	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Saturday tailgate meal & Class 12 th Man Towel	\$15 per person	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Saturday tailgate meal only	\$10 per person	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Saturday child (ages 3-12) meal only	\$5 per child	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Saturday child (ages 3-12) meal & 12 th Man Towel	\$10 per child	\$

Registration must be received by August 25 in order to receive a Class 12th Man Towel and meal tickets. We will have cash bars and food vendors on site for those unable to register before the deadline and we look forward to seeing you at the Reunion!

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 or on the front for American Express

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

**Return this form to 505 George Bush Dr., College Station, TX 77840
or fax to 979-845-9263**

ATTN: Class of '00 Reunion

Register Online at www.AggieNetwork.com/Reunions - it's free and secure!

Office Use:

Rcd: _____
BSR: _____
Proc: _____
Letter: _____
Tags: _____