Class of '90 Reunion Registration - October 15 - 17, 2010

REUNION REGISTRATION DEADLINE - OCT. 6

Name: _____ Email: _____

Address: _____ Daytime Phone: _____

City: _____ State: _____ ZIP: _____

REUNION NAMETAGS

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

* spouse, child, friend, sibling, parent, etc. Add additional names as needed.

Classmate Nametag: _____ Spouse Nametag: _____

T-Shirt size: S M L XL XXL

Guest 1 Nametag: _____ Guest 2 Nametag: _____

Relationship: _____ Relationship: _____

REUNION REGISTRATION & ACTIVITIES — TOTAL

Registration fee (one-time fee per registration form)	$15	$ 15
I would like to begin my Century Club Benefits today at the $_____ level. (See website for levels)		$
Add a $10 late fee if registering after October 6.		$

Indicate the activities each guest will be attending, including yourself, by filling the boxes on the left and entering your total on the right.

WHO'S ATTENDING (Classmate / Spouse / Guest 1 / Guest 2)	ACTIVITY	COST/PERSON	
❑ ❑ ❑ ❑	Friday Golf Outing at Texas A&M Campus Golf Course (includes 1/2 cart and green fees) Team preference:_____	$37 per person	$
❑ ❑ ❑ ❑	Friday 19th Hole Party at the Dixie Chicken	Dutch Treat	
❑ ❑ ❑ ❑	Friday Welcome Reception - Benjamin Knox Gallery (Cash Bar available)	Free	
❑ ❑ ❑ ❑	Class Meeting and Pregame festivities at the Clayton W. Williams, Jr. Alumni Center. A variety of food will be available to purchase through our game day vendor. Please indicate if you plan to attend so we can plan accordingly.	Dutch Treat	
❑ ❑ ❑ ❑	Saturday Class of '90 Night at the Texas Hall of Fame	Pay at door	
❑ ❑ ❑ ❑	Sunday Brunch at the Hilton Hotel ($10.95/person)	Dutch Treat	

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: _____
Proc: _____
PID:_____
Letter: _____
Tags: _____

Register Online at *www.AggieNetwork.com/Reunions or* return this form by mail to:
505 George Bush Drive, College Station, TX 77840
or fax to 979-845-9263
ATTN: Class of '90 Reunion
Register with www.AggieNetwork.com - it's free and secure!