

CLASS OF '53 65 YEAR REUNION REGISTRATION - OCTOBER 12-13, 2018
REUNION REGISTRATION DEADLINE - October 4
tx.ag/1953Reunion18

Primary Registrant: _____ 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 / Guest Nametag: _____

Guest 2 Nametag: _____ Relationship: _____

Guest 3 Nametag: _____ Relationship: _____

REUNION REGISTRATION & ACTIVITIES			TOTAL
*Registration for myself (Active Membership is giving \$50 or more per year)	<input type="checkbox"/> \$25 Active Member Registration <input type="checkbox"/> \$30 Non Active Member Registration		\$
*Registration for Spouse & Guest(s)	<input type="checkbox"/> \$25 (one time charge, covers all guest)		\$
*Registration fees help cover expenses that include facility rental, event gratuity, audio/visual equipment needs & other administrative costs.			
I would like to make a contribution to the Century Club today.			\$
Add a \$10 late fee if registering after September 27.			\$
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 <div> <div>Primary</div> <div>Guest 1</div> <div>Guest 2</div> <div>Guest 3</div> </div>	ACTIVITY	COST/PERSON	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Friday Class Dinnner - Clayton W. Williams Jr. Alumni Center	\$30 per person	\$
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Saturday Game Watch Party - Memorial Student Center	\$30 per person	\$
<div align="center"> GRAND TOTAL FOR REGISTRATION & ACTIVITIES \$ </div>			

Method of Payment: Please ☒ one: ☐ Check (Payable to The Association of Former Students) or ☐ Credit Card

Check #: _____ Card #: _____ Exp. Date: ____/____/____

Verification Code*: _____ Signature: _____ Date: _____

*Visa/MC/Discover: last 3 digits of the number printed on the signature line on the back of your card

*AMEX: the 4 digit number on the front of your card

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

Register Online at *tx.ag/1953Reunion18* or return this form by mail to:
PO Box 10005, College Station, TX 77842
or fax to 979-845-9263
ATTN: Class of '53 Reunion

For questions, contact the Class Programs Team at *Class@AggieNetwork.com* or (979) 845-7514

Office Use:

Rcd: _____

Proc: _____

BSR: _____

PID: _____

Letter: _____

Tags: _____