

CLASS OF '53 MINI REUNION REGISTRATION - OCTOBER 19, 2019
REUNION REGISTRATION DEADLINE - October 11
tx.ag/1953Reunion19

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"/> \$5 Active Member Registration <input type="checkbox"/> \$10 Non Active Member Registration		\$
*Registration for Spouse & Guest(s)	<input type="checkbox"/> \$5 (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 October 4.			\$
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			
<div style="display: flex; justify-content: space-between;"> <div> Primary <input type="checkbox"/> </div> <div> Guest 1 <input type="checkbox"/> </div> <div> Guest 2 <input type="checkbox"/> </div> <div> Guest 3 <input type="checkbox"/> </div> </div>	Saturday Game Watch Party - Clayton W. Williams Jr. Alumni Center	\$30 per person	\$
GRAND TOTAL FOR REGISTRATION & ACTIVITIES \$			

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/1953Reunion19* 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: _____