

CLASS OF '53 FALL MINI REUNION REGISTRATION - OCTOBER 3-5, 2014

REUNION REGISTRATION DEADLINE: SEPTEMBER 19

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 Classmate		<input type="checkbox"/> \$15 - Active (gives to The Association at a \$50 level or higher) <input type="checkbox"/> \$20 - Non-Active				\$
*Registration for Spouse & Guest(s)		<input type="checkbox"/> \$15 (one time charge, includes all guests)				\$
*Registration fees help cover Reunion expenses that include printing and postage, gratuities, room rental, bar set-up fees, audio/visual equipment needs, security & other administrative costs.						
Add a \$10 late fee if registering after September 19.						\$
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"/>	Friday Class Dinner at Sanders Corps Center (space is limited so act now!)	\$25 per person	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Saturday Buffet, Cash Bar & Game Watching Party at the Memorial Student Center	\$15 per person	\$
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

Check # _____

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 Drive, College Station, TX 77840
 or fax to 979-845-9263**

ATTN: Class of '53 Fall Mini Reunion

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

