## Class of '74 45 Year Reunion Registration - October 18-20, 2019 REUNION REGISTRATION DEADLINE - Oct. 10

## tx.ag/1974Reunion45

Primary Registrant:	Email:		
Address:	Daytime Phone:		
City:	State:	ZIP:	
	EUNION NAMETAGS		
Please include the relationship* of each guest and C		A&M. * spouse, child,	friend, sibling, parent, etc
Classmate Nametag:	Spouse / Guest Nametag:		
Guest 2 Nametag:	Relationship:		
Guest 3 Nametag:	Relationship:		
REUNION REGISTRA	TION & ACTIVITIES		TOTAL
*Registration for myself (Active Membership is giving \$50 or more per year)  \$25 Active Member		n	
	\$30 Non Active Member Regis	tration	\$
*Registration for Spouse & Guest(s)	\$25 (one time charge, covers a	all guests)	\$
*Registration fees help cover expenses that include facilit equipment needs, Reunion gift & other administrative cos	y rental, event gratuity, audio/visual ts.		
I would like to make a contribution to the Century Club today.			\$
Add a \$10 late fee if registering after Oct. 3.			\$
WHO'S ATTENDING  ACTI  PRIVATE OF THE STREET		\$65 per person  No Charge*  Pay at the door*	\$
□ □ □ Friday Class Italian Dinner - Emabssy Suites College Station \$25 per		\$25 per person	\$
□ □ □ Saturday BBQ Game Watch Party - Clayton W. Williams, Jr. Alumni Center \$25 per person		\$	
□ □ Non-Demoninational Sunday Service - Embassy Suites College Station No Charge*			
*Even though there is no charge on the registration for this tour,	please select if you will be attending to ensure		• • • • • • • • • • • • • • • • • • •
Method of Payment: Please ☑ one: ☐Che	ck (Payable to The Association of Former	Students) or <b>\_</b> Cre	dit Card
Check #: Card #:		Exp. Date	e:/
Verification Code*: Signature:			:
ē	he number printed on the signature line		card
*AMEX: the	4 digit number on the front of your care	d	
If you have any special dietary or physical needs, please	e let us know:		
PO Box 10005, College Station, TX 77842  or fax to 979-845-9263		Office Use:  Rcd:  Proc:  BSR:  PID:	
		Letter:	