

CLASS OF '56 60TH REUNION REGISTRATION - APRIL 11-14, 2016

DEADLINES: HOTEL RESERVATION: MARCH 12 - REUNION REGISTRATION: MARCH 28

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 myself	<input type="checkbox"/> \$5 - Registration	\$
Registration for Spouse & Guest(s)	<input type="checkbox"/> \$5 - (includes all guests)	\$
Add a \$10 late fee if registering after March 28, 2016 (food cannot be guaranteed 3 days prior to event)		\$

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	NUMBER ATTENDING	
Classmate	Spouse	Guest 1	Guest 2			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monday Dinner - Gratuity Included. Grilled chicken & sliced beef	_____ x \$35	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tuesday Dinner - Gratuity Included. Meat & tomato lasagna	_____ x \$35	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wednesday Dinner - Gratuity Included. German cuisine	_____ x \$35	\$

GRAND TOTAL FOR REGISTRATION & ACTIVITIES \$ _____

Method of Payment: Please one: Check (Payable to The Association of Former Students) Ck # _____
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: _____
PID: _____
Proc: _____
Letter: _____
Tags: _____

Return this form to The Association, P.O. Box 10005, College Station, TX 77842
or fax to 979-845-9263

ATTN: Class of '56 60th Reunion

Register Online at tx.ag/1956Reunion60 - it's free and secure!