FCHS '73 40th Reunion Reservation Form

Name:	Maiden Name:
Address:	E-Mail:
	Home Phone:
Spouse Name:	Work Phone:
Your Occupation:	Cell Phone:
Names/ages of children:	
Names/ages of grandchildren:	
Memories or Message:	
Do you want your address/phone in	nformation published in the Alumni Directory? Yes No
Number Attending: @ \$	65.00 each (Prefer prepayment) (\$80 each at the door. Cash only)
CHECK or MONEY ORDE	R ONLY Payable to Joni L. Buckley or Donna H. Craver
Amount Enclosed:	
TICKET PURCHA	SE/RESPONSE DEADLINE IS <u>JULY 1, 2013</u>
How do you want your name to appea	r on your nametag?
Guest Name:	
Song Requests:	

Return this form and your check to:

FCHS 73 – 40th Reunion, PO Box 2572, Myrtle Beach, SC 29578-2572

TICKET PURCHASE/RESPONSE DEADLINE IS <u>JULY 1, 2013</u> (to have time to complete reunion book and send required payments to hotel)

www.fchs73.com