45th Reunion Information Sheet

Name: _____ (_____)
First **Preferred/Nickname** **Last** **Maiden**

Street: _____

City: _____ **State:** _____ **Zip:** _____

E-Mail: _____ **Phone: (** **)** _____ **(** **)***

_____ **(** **)** _____ **(** **)***

_____ **(** **)** _____ **(** **)***

*** - Please include the type for each phone number provided (Home/Cell/Work)**

Enter all names as they should appear on the Name Badges at the Reunion:

Classmate's Name: _____
(Please include your last name from school)

Guest: _____
(If guest is Stranahan graduate please include year)

45th Reunion Pricing			
Pricing is **per person** and good only till the Cut Off Date			
If Paid by	**03/01/14**	**06/01/14**	**06/19/14**
Weekend Package	$ 155	$ 175	$ 195
To Fund the Hospitality Suite we are asking for a $25 Donation			
The **Weekend Package** includes Friday Night Reception and Saturday Night Dinner/Dance			
Pricing **Does Not** Include Hotel Room			

	# Attending		Price		Sub-Total
Reunion Package		X		=	
Drink Tickets		X	$10.00	=	
				Hospitality Suite Donation	
				Reunion Weekend Total	

(Package Sub-Total + Drink Tickets + Hospitality +Donation)

Mail To: Stranahan 45th Reunion
1391 NW 75th Terrace
Plantation, FL 33313-5956

Make check payable to:
Stranahan Class of 1969 Reunion

(Please keep a copy of the completed form for your records)