

SASAA Reunion
Registration

YOU

Your Guest*

REUNION FEE =>>>>>>> >>>> \$ _____

>>>>> \$ _____

Tuesday

6 PM
Opening Dinner: = (\$20.00) \$ _____

(\$20.00) \$ _____

Wednesday

Breakfast: On Your Own

On Your Own

Noon Lunch = (\$15.00) \$ _____

(\$15.00) \$ _____

6 PM Dinner = (\$20.00) \$ _____

(\$20.00) \$ _____

Thursday

Breakfast: On Your Own

On Your Own

Noon Lunch = (\$15.00) \$ _____

(\$15.00) \$ _____

6 PM BBQ Dinner = (\$20.00) \$ _____

(\$20.00) \$ _____

**GRAND
TOTAL**

TOTAL(s) = >>>>>>>>>> >>>> \$ _____ + >>>>>>> + >>>> \$ _____ >>> = \$ _____

Name: (name badge wording) Please PRINT: _____ Class of _____

* Guest Name (*18+ only) (name badge wording) PRINT: _____

Your Street Address: (New?) _____ Unit# _____

Mailing Address: (Only if different) _____

City: _____ State: _____ Zip _____

Phone(s): (New?) Land _____ Cell _____

E-mail Address: (New?) _____ (For pre-reunion contact)

IMPORTANT: CHECK OR MONEY ORDER ENCLOSED _____