2024 REUNION REGISTRATION FORM

Name:		Phone Number:			
Cost of Reunion Act	ivities (<u>if paid by May</u>	<u>Ist</u> **):			
# of Family Member	2 years and under: (nee	eded to ensure accur	rate head count) _		
# of Family Member 3 years – 5 years:			\$10.00 =		\$
# of Family Member	X	\$65.00 =	\$		
# of Family Member	X	\$90.00 =	\$		
(A) Total Activity Fee ** After May 1 st , late fees are an additional \$10 per person.					·~~
T-Shirts:					
(1) Total number of children's shirts: x \$9 =				\$	
Sizes:	Small	Medium	Large		X Large
Quantity:					
(2) Total number of Adult shirts: x \$13 = \$					
Sizes:	Small	Medium	Large		X Large
Quantity:					
(3) Total number of Adult shirts: x \$15 = \$					
Quantity:					
(B) Total T-Shirt Fee: (1+2+3) \$ Total Funds Due: A+B \$					
Mail check or money order along with this form to: Anthony Russell					

Conway, AR 72032
Or pay via *PayPal* to **BrownReunionDues@gmail.com** then email form to that same address.

2115 Sprucewood Drive