ALL CLASS REUNION FORM

MEMBERS INFORMATION

First Name _____ Middle Initial _____ Last Name _____

GUEST NAME _____ Middle Initial _____ Last Name _____

Graduating Class Year : _____ Member Registration : ☐ $75.00 Guest Registration ☐ $75.00

Address : _____

City : _____ State : _____ Zip : _____

Phone Number : _____ E-Mail : _____

Shirt Size : ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ 2X-Large ☐ 3X-Large

Select to enclose with Reunion Fees

☐ $50.00 Regular Membership

Select Meal Choice

☐ Regular Meal ☐ Vegetarian Meal

OFFICE USE ONLY

Date : _____ Membership Total : _____

Staff Name : _____ Registration Total : _____

Check Number : _____ Check Total : _____

Mail Payments

CTSAA

Post Office Box 3441, Huntsville, AL 35810

256.323.2779 Treasurer Office

www.ctsalumniassoc.org

THANK YOU

Ronald Fearn

Treasurer Ronald Fearn