

COLE-HAMPTON-LEE-REUNION FAMILY REGISTRATION FORM DUE 7/31/2010

Your name _____ Home # _____ Cell # _____

Names of other adults _____

Names and Ages of Children _____

Home Address _____ Zip _____

Email address _____

Date and time of Arrival _____ Departure _____

FEES

The fee amount is for the Friday night banquet, Saturday tour and picnic, the hospitality expenses, and other expenses encountered in putting on the reunion.

Registration

\$95 per adult \$95.00 x _____ Total _____

\$55 per child under 12 \$55.00 x _____ Total _____

\$40 Cole-Hampton-Lee Scholarship Fund Contribution per household. Total \$40.00

Additional (Optional)

T-shirts (\$14 each) Size(s) _____ Total _____

Grand Total _____

Checks will be deposited on August 5, 2010.

Questionnaire Please check activities you or anyone in your group will participate in.

_____ Comedy Club Thurs night (extra) number of participants _____

_____ Karaoke number of participants _____

_____ Dance Saturday night number of participants _____

_____ Help plan activities for children number of participants _____

_____ Other activities that you would like to see offered

Please MAIL this to Renee Anderson at 107 NE Laurelhurst Place, Portland OR 97232
Make checks payable to "CHL / Renee Anderson". Please write exactly like that.