

# CENTRAL HIGH, CLASS OF 1983

## 20 Year Reunion

This form must be completed and returned no later than October 1, 2003 in order to assure your registration. After this date a late fee of \$5.00 per person will be charged and checks will not be accepted for payment.

First name \_\_\_\_\_ Maiden name \_\_\_\_\_ Last Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Guest/Spouse is also a classmate: YES  NO

Guest first name \_\_\_\_\_ Maiden name \_\_\_\_\_ Last Name \_\_\_\_\_

### Registration Fees

Many components make up the budget for the reunion. The reunion party package fee covers the costs for all of the following items: Friday night party with hors d'oeuvres and draft beer, Saturday night dinner, music, name badges, awards, decorations, typesetting, printing, postage, long distance phone calls, tax and gratuity.

Friday Night Only - \$30 per person: No. Attending \_\_\_\_\_ X \$30.00 = \$ \_\_\_\_\_

Friday and Saturday Night Party Package  
Or Saturday Night Only - \$75.00 per person No. Attending \_\_\_\_\_ X \$75.00 = \$ \_\_\_\_\_

Optional Alumni Data Book - A compilation of returned bio sheets No. \_\_\_\_\_ X \$10.00 = \$ \_\_\_\_\_

Optional mailing of the Alumni Data Book - Domestic mail only No. \_\_\_\_\_ X \$5.00 = \$ \_\_\_\_\_

Late Fee No. \_\_\_\_\_ X \$5.00 = \$ \_\_\_\_\_

A \$5.00 per person late fee will be charged after October 1, 2003

Total \$ \_\_\_\_\_

**We will be attending the family picnic. Count on \_\_\_\_\_ of us!**

You may pay with a credit card up until noon on Wednesday, October 15th or pay with cash or money order at anytime including at the door. (If you intend to pay at the door you must notify us that you will be attending so that we can reserve a place for you.) Refunds will be issued through the Wednesday prior to the reunion less a 10% processing fee. Refunds will not be issued after Wednesday.

CREDIT CARD PAYMENT INFORMATION	
CARD TYPE  <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	CARD NUMBER _____  EXP DATE _____  SIGNATURE _____

RETURN THIS FORM WITH CHECK OR CREDIT CARD INFORMATION TO:  
**First Class Reunions, Inc, 7520 N. 14<sup>th</sup> Avenue, Phoenix, AZ 85021-8012**  
**602-906-9653, 1-800-483-9960, Fax 602-906-9673 or reunionslinda@cox.net**