

2016 TSCHIRHART REUNION REGISTRATION FORM

PLEASE PRINT ALL INFORMATION & MAIL FORM WITH CHECK **NO LATER THAN MAY 11TH ***

*** Late registrations are not guaranteed a meal.**

DESCENDANT NAME _____ BRANCH _____

ADDRESS _____

EMAIL _____ PHONE _____

ADULTS REGISTRATION • 12 years and older

DESCENDANT NAME _____

SPOUSE NAME (if appl.) _____

SPOUSE
BRANCH (if also a descendant) _____

CHILD 1 (12 yrs+) _____

CHILD 2 (12 yrs+) _____

CHILD 3 (12 yrs+) _____

[additional names can be added within this box]

TOTAL ADULTS REGISTERING

x \$14. = \$

[COST INCLUDES ADULT BBQ PLATE]

CHILD REGISTRATION • 3-11 years old

CHILD 1 (3-11) _____

CHILD 2 (3-11) _____

CHILD 3 (3-11) _____

CHILD 4 (3-11) _____

[additional names can be added within this box]

TOTAL CHILDREN REGISTERING

x \$6. = \$

[COST INCLUDES CHILD BBQ PLATE]

INFANTS (2 yrs & under are FREE)

INFANT 1 _____

INFANT 2 _____

INFANT 3 _____

TOTAL INFANTS REGISTERING

FREE

Make checks payable to: **TSCHIRHART REUNION**
****Mail by May 11th****
1010 COUNTRY LANE
CASTROVILLE, TX 78009

TOTAL:

\$

INCLUDED IN COST: Meal/Water/Tea/Ice/Branch bands/Paper goods & all reunion expenses.

DESSERT TABLE: There will be Dessert Tables set up for those who would like to bring favorite cookies or finger snacks to share we will have a table or two set up for desserts/snacks.

*** LATE REGISTRATIONS will *NOT* be guranteed a meal as the caterer needs meal count by May 18th.**
NO REFUNDS for no-shows or if you did not receive a meal due to late registration.

REUNION COMMITTEE:

Clare Smith (830) 931-9789 • Cheri Haby (830) 931-3361 • Phillip Tschirhart (210) 912-2094

2016 Reunion for the Descendants of NICHOLAS & CATHERINE [Meyer] TSCHIRHART



SATURDAY • June 18, 2016 • 8:30am - 3pm
KOENIG PARK • 1700 San Jacinto Castroville, Texas
~~~~~

## **SCHEDULE OF EVENTS:**

- 8:30-9:45 am: Check-In (for Pre-registered) and Late Registration (BBQ Meal is NOT guaranteed for late registrations. Mail registration by May 11th!)
- 10-11:30 am: Panoramic Photos of Individual Branches
- 11:30 am: Large Panoramic Photo of ALL ATTENDEES
- 12 Noon: Meal (BBQ Plate, iced tea, water)
- 3 pm: Farewell & Clean Up

**Genealogy & Photo Exhibits** will be inside Koenig Park Hall all day  
(Each Branch will have a memory table for photo & history displays)

**DRINKS:** Iced Tea & Bottled Water supplied. You're welcome to bring your own drinks.

**DESSERTS:** You're welcome to bring your favorite cookies/snacks to share on the dessert table.

**\* LATE REGISTRATIONS will NOT be guranteed a meal as the caterer needs meal count by May 18th.**  
**NO REFUNDS can be given for no-shows or if you did not receive a meal due to late registration.**

## **FOR MORE INFORMATION**

**WEBSITE:** [www.tschirhartfamily.com](http://www.tschirhartfamily.com)

**FACEBOOK:** **Tschirhart Reunion 2016**

**EMAIL** one of the committee members:

Clare Smith: [clare333@sbcglobal.net](mailto:clare333@sbcglobal.net)

Cheri Haby: [cthaby@gmail.com](mailto:cthaby@gmail.com)

Phillip Tschirhart: [philmoetschirhart@yahoo.com](mailto:philmoetschirhart@yahoo.com)

# FAMILY DATA SHEET

This form will be used to create genealogy charts for each branch for the use at next reunion.

We appreciate if you are able to fill out as much info as you have. Thank you!

YOUR NAME/PHONE/EMAIL \_\_\_\_\_

PLEASE CIRCLE **YOUR** BRANCH(es):

Joseph • Sebastian • Edward • Leo • Henry • Nick • Louis • Caroline • August • Emil • Katy

## DESCENDANT (full name):

| Event    | Date | Place of event (City, County, State, Country) |
|----------|------|-----------------------------------------------|
| Birth    |      |                                               |
| Marriage |      |                                               |
| Death    |      |                                               |

Prior Spouse(s):

Father's Name (DOB):

Mother's maiden Name (DOB):

## SPOUSE (if applicable):

| Event    | Date | Place of event (City, County, State, Country) |
|----------|------|-----------------------------------------------|
| Birth    |      |                                               |
| Marriage |      |                                               |
| Death    |      |                                               |

Prior Spouse(s):

Father's Name (DOB):

Mother's maiden Name (DOB):

## CHILDREN (of *this* marriage): [fill out a separate form for children of previous marriage]

| Given name | Event         | Date | Place of event (City, County, State, Country) |
|------------|---------------|------|-----------------------------------------------|
|            | Birth         |      |                                               |
|            | Marriage      |      |                                               |
|            | Death         |      |                                               |
|            | Spouse's name |      |                                               |
|            | Birth         |      |                                               |
|            | Marriage      |      |                                               |
|            | Death         |      |                                               |
|            | Spouse's name |      |                                               |
|            | Birth         |      |                                               |
|            | Marriage      |      |                                               |
|            | Death         |      |                                               |
|            | Spouse's name |      |                                               |
|            | Birth         |      |                                               |
|            | Marriage      |      |                                               |
|            | Death         |      |                                               |
|            | Spouse's name |      |                                               |