

Last Name	e	_ Maiden		Firs	t		M.I	
Guest Last	t Name			Firs	t			
Address								
City				State _	,	Zip Code		
Cell Phone	2							
Email Address This is the best way to communicate with you! Please provide this info so we can create a distribution list. Check here if you do not want to share your email with other classmates:								
	<u>ltem</u>	<u>Number</u>		<u>Price</u>		<u>Total</u>		
	Reunion Dinner		x	\$50.00	=	<u>\$</u>	Thru Augu	ust 1st
	Reunion Dinner		x	\$71.00	=	<u>\$</u>	After Aug	ust 1st
	Donation					<u>\$</u>		
	Total					<u>\$</u>		
Payment Options: Check Make checks payable Inda Peoples-Jones. Mail to: 4139 Conway Place Circle, Orlando , FL 32812								
	c	redit Card #				Exp. Date	csc	
I have enclosed, emailed or committed to bring the following to help with the event: Check here								
Bottle of wine for Mega Wine Raffle								
Door prize	9			C				
Pictures fo	or the website			C				
Photos, symbols and captions for program								
In Memor	ium names			C				

Email information and photos to jbgarzia@gmail.com