

Troy High School Class of 1969 45th Reunion

REGISTRATION FORM

Please **print** all information & return ASAP, no later than September 5th!

Classmate: Please indicate preferred first name for name tag.

_____	_____	_____
Current Last Name	Maiden Last Name	First Name
Phone #: (____) _____	Email: _____	
Address: _____		

Spouse/Guest: _____		
Last Name		First Name

Please denote events you (and your spouse/guest) will attend & fill in the appropriate fee.

Make check payable to: THS Class of 1969

Mail to: Pat (Moran) Quillen, 2306 Black Oak Drive, Troy, OH 45373

Friday, October 10, 2014		<u>No. of Attendees</u>
6:00 PM	Tailgate Party	_____
7:00 PM	Football Game at Troy Stadium	_____ X \$ 4.00 = \$ _____ (fee is for spouse ticket)
Saturday, October 11, 2014		
10:00 AM	Golf at Miami Shores Golf Club (pay at course)	_____
11:00 AM	Tour of Van Cleve School	_____
11:00 AM	Tour of St. Patrick's School	_____
6:00 PM	Dinner & Conversation at the Troy Country Club	_____ X \$40.00 = \$ _____
	Contribution to '69 Reunion Fund (optional)	\$ _____
	Total	\$ _____