



# WEST BROOK MASS REUNION REGISTRATION FORM

August 31st- September 2nd 2018

|  |                                  |                                |                             |   |   |   |  |
|--|----------------------------------|--------------------------------|-----------------------------|---|---|---|--|
| Today's date:  |                                  | Graduation Class:              |                             |   |   |   |  |
| <b>PARTICIPANT INFORMATION- PLEASE PRINT</b>   |                                  |                                |                             |   |   |   |  |
| Participant's Last name:   |                                  | First:                         | Middle:                     | <input type="checkbox"/> Mr.<br><input type="checkbox"/> Mrs. | <input type="checkbox"/> Miss<br><input type="checkbox"/> Ms. | Marital status (circle one)<br>Single / Mar / Div / Sep / Wid |  |
| Is this your legal name?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If not, what is your legal name? | (Maiden name):                 |                             | Birth date:<br>/ /  | Age:  | Sex:<br><input type="checkbox"/> M <input type="checkbox"/> F |  |
| Street address:  |                                  |                                | Email Address:              |   | Contact phone no.:<br>( )                                     |   |  |
| P.O. box:  |                                  | City:                          |                             | State:  |   | ZIP Code:   |  |
| Additional Participant: Yes or No  |                                  | Name:                          |                             |   | Name:   |   |  |
| Mass Reunion T- Shirt:   |                                  |                                |                             | Initial: _____  |   |   |  |
| <input type="checkbox"/> Small   | <input type="checkbox"/> Medium  | <input type="checkbox"/> Large | <input type="checkbox"/> XL | <input type="checkbox"/> XXL                                  |   |   |  |
| # of Picnic Attendees:   |                                  |                                |                             |   |   |   |  |

|  |  |  |  |  |  |                                   |  |
|--|--|--|--|--|--|-----------------------------------|--|
| <b>PAYMENT INFORMATION</b>   |  |  |  |  |  |                                   |  |
| (Additional \$50 Fee for Late Registration.)                                       |  |  |  |  |  |                                   |  |
| Price per Classmate:<br>(includes T-Shirt)   |  | <b>\$150</b>                                   |  | Price for Additional Attendee:<br>(Guest will NOT receive T-Shirt) |  | <b>\$75</b>                       |  |
| <b>Credit Card Type:</b><br>Visa MC DSCVR<br>AMEX                                  |  | <b>Expiration Date:</b>                        |  | <b>Name as Printed on Card:</b>                                    |  | <b>EIN: (Numbers on the Back)</b> |  |
| Credit Card Numbers:   |  |  |  |  |  |                                   |  |
| Make checks payable to <b>West Brook Alumni Association</b> and mail with form to: |  | <b>P.O. Box 1762<br/>Beaumont, Texas 77704</b> |  | <b>Total Amount Due:</b>   |  | No Checks Accepted on Site        |  |
| Cook Off Registration:   |  | <b>\$50</b>                                    |  | Type of Entrée:  |  |                                   |  |
| Participant Signature:   |  |  |  | Date:  |  |                                   |  |

|                                    |  |  |                         |  |       |
|------------------------------------|--|--|-------------------------|--|-------|
| <b>REGISTRATION COMMITTEE ONLY</b> |  |  |                         |  |       |
| Committee Member Signature:        |  |  | PAID in FULL: Yes or No |  | Date: |