

REGISTRATION FORM

NAME OF CLASSMATE _____

NAME OF SPOUSE _____

WHAT IS YOUR ADDRESS _____

PHONE

NUMBER _____ EMAIL _____

REGISTRATION FEE (\$10.00 PER CLASSMATE, SPOUSE EXEMPT)

1 person _____ Amount included _____

Hamburger/Hotdog Supper (\$10.00 per person)

Number of people _____ Amount included _____

Dutch Oven Cowboy Breakfast (\$15.00 per person)

Number of people _____ Amount included _____

Steak Dinner (\$25.00 per person)

Number of people _____ Amount included _____

Total amount of check _____

Please check the number attending and the amount for each event. Enclose check for the total of those events, and mail by August 31, 2007 to:

ALICIA HEIL

1408 E. Francis St.

Pampa, TX 79065

Phone (806) 669-6989