

Hollingshead Reunion 2003 Registration

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| Name: | |
| Name of partner/friend attending with you: | |
| Address: | |
| Phone: | e-mail: |
| A few words about yourself or your family branch: | |
| Special needs: | |
| Special diet requirements: | |
| I'm willing to do a 15 minute presentation: [] Yes [] No | |
| Topic: | |
| I'll bring a plate of something good from the oven: [] Yes [] No | |
| I'll bring some shareable material that may be copied: [] Yes [] No | |
| Nature of material? | |
| I am interested in: Saturday walking tour [] picnic [] | |
| Registration (US. funds) per person: \$40 to Sept. 30, 2002 \$50 Oct 1,2002 to Jan 31,2003 \$60 after January 31, 2003 Please take care in calculating your registration – <u><i>check the date period!</i></u> | |
| A partner/friend individual registered under the reduced Volunteer Rate (deduct \$10) will be expected to assist with administrative duties during the Reunion. | |
| # _____ | Primary Registrations @ \$ _____ = \$ _____ |
| # _____ | Volunteer Registration @ \$ _____ = \$ _____ |
| # _____ | Bus Tours @ \$ 15 = \$ _____ |
| | Total \$ _____ |
| If you are sending a deposit only check here [____] and send your payment of one-half (1/2) the Total above. | |
| Pledge amount (optional): \$ _____ | |
| Other Comments: | |

Please make cheque payable to Anne Klintworth and mail with this form to:

**Anne Klintworth
PO Box #72
Hinckley, OH, 44233**