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registration form

Name: _____
First (Maiden) Last

Address: _____

_____

Phone: _____ Email: _____

Please indicate your preference regarding how much of your contact information you are comfortable sharing with your fellow classmates: ☐ all - email, telephone & address ☐ email only

Will you be attending the reunion? ☐ Yes, I will attend ☐ No, I cannot attend

How many tickets would you like? _____ $ _____
($85 if postmarked by August 31. $95 if postmarked by September 30)

If bringing guest, guest name: _____

Biography Book, included with ticket purchase.
If you are unable to attend, but would like a Biography Book, please send ($5) $ _____

Reunion CD ($15) $ _____

T-shirts ($15) $ _____
Please indicate what size you would like? ☐ M en's ☐ Women's ☐ S ☐ M ☐ L ☐ XL ☐ XXL

If you're unable to attend, but are purchasing any of the items above, please add $2.50 for shipping $ _____

**Total** $ _____

**Payments:**

**If paying by credit card,** mail this form to the address below or fax to: (310) 545-4361

_____ ☐ Visa ☐ MasterCard ☐ American Express
Name as it reads on credit card

_____ _____
Credit Card # Expiration Date

_____
Signature

**If paying by check**, please mail this form and make check payable to:

**Manhattan Country Club**
Attn: Reunion Event Coordinator
1330 Park View Avenue
Manhattan Beach, CA 90266

class of 1989 reunion