

Registration Form – PLEASE PRINT

Please complete and mail form by July 6, 2020

Check or M.O. made out to: **DOROTHY EDDINGS GPW**
On the memo line, write **GPW Family Reunion**

Mail form and payment to:

Dorothy Eddings
3247 Huntsman Dr.
Sacramento, CA 95826

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Adults (age 13 and up) Reunion Fee: \$90 includes banquet and 1 T-shirt

Name	Fee	Adult T-Shirt Size S, M, L, XL, 2X, 3X, 4X, 5X	Extra Adult T-Shirts S - 5X \$20	Adult Total
	\$90			

ADULT TOTAL \$ _____

Children under 13 years: fee includes 1 t-shirt

Youth (age 4–12, also includes banquet) \$50

Children (age 3 and under) \$15

Name	Fee	Age	YXS (2-4), YS (6-8) YM (10-12), YL=Adult T-Shirt Size	Extra Youth-size T-Shirts \$15	Youth Total
	\$50				

YOUTH TOTAL \$ _____

Mini-Bus tour of Atlanta for Attendees with Disabilities: Fee \$30

Name	Note	Fee	Total
		\$30	

MINI-BUS TOTAL \$ _____

GRAND TOTAL: Adult + Youth + Mini-Bus \$ _____

**Submit payment, either online via ZELLE to email DOTSPRINGDAY@GMAIL.COM,
or via USPS mail to the address in the top right-hand corner of this form.**

I/we plan to attend. I/we have submitted partial payment in the amount of\$ _____

I/we plan to attend. I/we have sent payment through Zelle in the amount of\$ _____

I/we will not attend the reunion. However, I/we have submitted payment though Zelle in the amount of\$ _____

COMMENTS: note food allergies, special announcements, births, deaths, etc. below, and/or via email to WPGDOTSPRINGDAY@GMAIL.COM
