**CLASS OF 1967 50th Reunion**

**WELCOME BACK RECEPTION SPECIAL REGISTRATION**

**June 8, 2017 5:30 - 8:00 PM**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guest’s Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guest’s Class Year (if applicable): \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost per Ticket: **$24.00** Number of Tickets required: \_\_\_\_\_\_\_\_ Total Due: $\_\_\_\_\_\_\_\_\_\_\_

**Payment method (cash or checks only):**

Make checks payable to Springfield College with Class of 67 Thursday Reunion Reception   
in the memo section.

**Please print, complete, and bring with you to Reunion 2017.**