

Registration Form

7th Burke-Gallon Family Reunion

"Remembering the Past ~ Touching the Future"

HEAD of HOUSEHOLD: TOTAL REGISTRATION FEE: \$ _____

NAME: _____
LAST FIRST Middle INITIAL

Address: _____

City STATE Zip Code

LIST FAMILY MEMBERS NAMES AND AGES IN YOUR HOUSEHOLD:

_____/_____/_____
_____/_____/_____
_____/_____/_____

T-SHIRTS ORDER:

Adults
S _____ @ \$10 = _____
M _____ @ \$10 = _____
L _____ @ \$10 = _____
XL _____ @ \$10 = _____
2X _____ @ \$12 = _____
3X _____ @ \$13 = _____
4X _____ @ \$14 = _____

CHILDREN
S _____ @ \$10 = _____
M _____ @ \$10 = _____
L _____ @ \$10 = _____

TOTAL T-SHIRTS ORDERED # _____

TOTAL T-SHIRTS COST \$ _____

HEAD of HOUSEHOLD SIGNATURE

DATE