

REGISTRATION FORM
No Cost - Information only

GRADUATE NAME (Include Maiden Name):

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

PHONE: (Home) _____ **(Cell)** _____

YEAR GRADUATED: _____

GUEST/SPOUSE:

ADDITIONAL GUEST: _____

ADDITIONAL GUEST: _____

NUMBER OF ATTENDEES (NO LIMIT): _____

MAIL TO:

GARINGER 60'S REUNION
PO BOX 456
MATTHEWS, NC 28106

or Email/Scan to rwilson@garinger60s.com