

CONFIRMATION OF ATTENDANCE AND PAYMENT OF TICKETS

I (We) plan to attend the **July 20-21, 2019** reunion events.
July 20 Dinner and Dance: No. attending: _____ **July 21 Casual Day:** Adults: _____ Children: _____
 I (We) may attend, but will advise you of our decision by _____. Please continue to keep us in your mailing list.
 I am attaching my payment for _____ tickets. Please mail tickets to me. I will pick up my tickets at the door.
 I will send my ticket payment by _____. (All payments must be received by May 21st, 2019.)

Cost per person : \$125.00 (all-inclusive for both July 20 and 21, 2019)

NOTE: All ticket payments must be received by May 21st, 2019. NO payments will be accepted at the door. Make out payments to: **Camiling Multi-High School Alumni Grand Reunion 2019.**

ALUMNUS/ALUMNA and SPOUSE or GUEST INFO

(Note: If spouse or guest is also an alumnus/alumna, please complete another registration form for this portion only)

1) Name tags will be printed (using the info as provided below) prior to the event and will be handed out before or at the event. Similar info as the name tags will also be shown on the souvenir program (for alumni only).

Last Name: _____ Maiden Name (if alumna) _____

First Name: _____ School: _____ Year graduated**: _____

** Year graduated is the year you graduated from high school, or, if you did not graduate from school, this will be the year that you would have graduated had you completed your schooling.

Current residence: City _____ State: _____ Country _____

2) Spouse or guest info

Last Name: _____ First Name: _____

3) Contact Info – so we can contact you or mail tickets to you (info will not be shown anywhere or shared)

Complete street address: _____

Email Address: _____ Phone No. _____

FOOD ALLERGY ALERT

Dinner Entrée for July 20th: **Food Allergy – Please indicate if you have any food allergy based on the**
Mixed grill (beef, chicken, and prawns) **entrée.** [] Allergic to : _____

SEATING PREFERENCES

No seating preference Seated with others (groups, friends or relatives)
 Seated with classmates (same school and year) Name of group, friends or relatives _____

Note: Every effort will be made to accommodate your request, but there may be instances where we have to deviate from specific requests to ensure tables are completely filled.

ATTENDANCE AND SOUVENIR PROGRAM

We will publish a souvenir program which will list the school, class year and names of alumni attending; and ads and greetings from fellow alumni. The souvenir program will be free to those who are buying ads and will cost **\$15.00** for others.

I am interested in placing an ad and my greetings to my fellow alumni in the Souvenir Program. Please send me more info.
 I am preordering a souvenir program which will be provided to me at the event. I will send my payment along with my payment for the tickets.

GUIDELINES ON COMPLETING AND RETURNING REGISTRATION FORM AND SENDING IN TICKET PAYMENTS

- Please make sure you have completed or checked all requested information on the form. The information will be used for printing alumni name tags (including guests or spouses), for developing the list of alumni who are attending and which will be printed in the souvenir program, for seating assignments and for planning purposes to help us make the reunion an organized and memorable event.
- There are **3 ways** to return the completed form and /or send in ticket payments:
 - Registration only : e-mail the completed form (in PDF or JPEG format) or return by postal mail to the Reunion Coordinator or Area Representative who contacted you.
 - Registration and payment : Return by postal mail to the Reunion Coordinator or Area Representative who contacted you.
 - Registration only or Registration and payment and NOT contacted by any Coordinator or Area Rep : Mail form and/or payment to: **Camiling Multi-High School Alumni Grand Reunion 2019, 4844 Cheryl Court, Union City, CA 94587.** E-mail may also be sent to: camiling_allhsalumni_reunion2019@yahoo.com.