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**THOMAS MUNSON FOUNDATION, INC.**

REUNION REGISTRATION FORM

JULY 21 - 23, 2017

CLARION HOTEL, CLARKSVILLE, IN 47129



PLEASE PRINT THE NAME OF EACH PERSON THAT IS ATTENDING ALONG WITH YOU AND THEIR CLAN NAME.

THERE IS A REGISTRATION FEE OF \$16.00 FOR EACH ADULT TO PAY FOR THE CONFERENCE ROOM AND SNACKS PROVIDED IN THE CONFERENCE ROOM.

NAME	CLAN/GUEST	FEE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL \$ \_\_\_\_\_

IF YOU NEED MORE ROOM, PLEASE ADD THE NAMES ON BACK OR A SEPARATE SHEET OF PAPER AND INCLUDE THEIR FEE IF ANY ON THIS PAGE.

THE SATURDAY NIGHT BUFFET IS \$25.00 PER ADULT, \$12.50 FOR CHILDREN 5-10 AND UNDER 4 ARE FREE. THE COST OF THE MEAL INCLUDES DRINK (EXCEPT ALCOHOL) AND TIPS. WE WILL HAVE A SURPRISE GUEST AMONG US.

NUMBER OF ADULTS \$ \_\_\_\_\_

NO. OF CHILDREN \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO: THOMAS MUNSON FOUNDATION  
MAIL REGISTRATION TO: "SUSIE" FRAZIER; 1745 LILLY LANE; NEW ALBANY, IN 47150-1901 BY 6/28/2017. IF YOU HAVE ANY QUESTIONS PLEASE CALL ME AT 502.693.9886. WE ARE LOOKING FORWARD TO SEEING YOU AT THE REUNION.