

THAI FAMILY REUNION REGISTRATION

ATLANTA, GA: JULY 20-13, 2017

FAMILY NAME: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

FIRST AND LAST NAMES OF ADULTS ATTENDING:

FIRST AND LAST NAMES OF CHILDREN ATTENDING
(PLEASE LIST AGE AS OF JULY 2017)

<u>NAME</u>	<u>AGE</u>	<u>CHILDREN'S HOME</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REGISTRATION FEE PER FAMILY:

REGULAR \$75 (BY 5/31/17/

LATE \$100 AFTER 5/31/17

REGISTRATION FEE: \$ _____

OPTIONAL FEES:

FRIDAY CENTENNIAL OLYMPIC PARK AREA (SEE INFORMATION SHEET)

_____ BUS SEATS @ \$25 PER FAMILY (NEED TOTAL OF PEOPLE) \$ _____

SATURDAY, THAI PICNIC AT WILLS PARK, ALPHARETTA (LET US KNOW ABOUT FOOD ALLERGIES)

_____ ADULTS x \$12 = \$ _____

_____ CHILDREN x \$8 = \$ _____

SUNDAY BREAKFAST - NO CHARGE - INCLUDED IN HOTEL PRICE

T-SHIRT ORDERS

ADULT SIZES # _____ @ \$9.00 EACH

S _____ M _____ L _____ XL _____ \$ _____

CHILD SIZES # _____ @ \$7.00 EACH

S _____ M _____ L _____ \$ _____

TOTAL: \$ _____

PLEASE MAKE PAYABLE TO: ROBYN MACDONALD

PLEASE SEND TO: ROBYN MACDONALD 10325 RILLRIDGE CT, ALPHARETTA GA 30022

QUESTIONS OR CONCERNS E-MAIL TO MIKEMACDONALD@BELLSOUTH.NET