

**RESERVATIONS
LEJEUNE HIGH "REUNION 2010"**

Please send completed forms by **1 June 2010** - LATE FEE of \$10.00 **per person**
YOU MAY COMPLETE YOUR REGISTRATION ONLINE AT
www.lejeunealumni.com

Send to: Lejeune Alumni Association
835 Stone Street
Camp Lejeune NC 28547-2520
Fax: 910-451-3130
E-mail: webmaster@lejeunealumn.com

Checks payable to: Lejeune High Alumni Association or **PAY Online** using PayPal

Cost: Friday Night Decade Socials	_____ tickets @ \$10 each (\$20 per couple)
Saturday Night Dinner Dance	_____ tickets @ \$40 each (\$80 per couple)
Late Fee (after 1 June 2010)	_____ \$10 per person
Total	_____

Class of _____
Name (First Name, Maiden Name, Last Name):

Address:

City/State/Zip:

E-mail address:

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Car Make, Model, Color, and Tag Number:

(for base pass registration, please bring proof of insurance and vehicle registration)

Please list each person included in reservation:

Will you need child care? Yes _____ Ages _____

Will you attend the Friday night social for your class? Yes _____
No _____

You will receive a receipt by mail (or e-mail). **Refunds** will be given upon written request up to **15 June 2010** or in special cases after that date. Returned checks will result in a service charge.

Please make as many copies of this as you wish and mail them to your friends. We have to count other to find those with whom we have lost contact. Thank you.

BOOK OF MEMORY INFORMATION

We will be updating our BOOK OF MEMORY information for our deceased students, teachers, and staff members. If you have information concerning placing someone's name in the Book of Memory, please list it for us below. Thank you for your assistance.

Name:

(Please print)	First	Middle	Last
Student _____			
		Teacher _____	
		Staff _____	

Class or year(s) at Lejeune: _____
Date of death if known _____