



2015 Lejeune High School All-Class Reunion • July 10-11, 2015

REGISTRATION FORM

Please complete this form and make checks payable to
LEJEUNE ALUMNI ASSOCIATION and mail to:
 Lejeune Alumni Association • Attn: Registration Committee
 835 Stone Street • Camp Lejeune, NC 28547-2520

YOU MAY ALSO COMPLETE YOUR REGISTRATION & PAY ONLINE

Please go to www.LejeuneAlumni.com if paying by credit card or PayPal

PLEASE PRINT CLEARLY

PARTICIPANT INFORMATION

| | | | |
|----------------------|------------|---------------|----------------|
| CLASS OF | FIRST NAME | MAIDEN NAME | LAST NAME |
| MAILING ADDRESS | | | CITY/STATE/ZIP |
| DAYTIME PHONE NUMBER | | EMAIL ADDRESS | |

ADDITIONAL GUEST INFORMATION

| | |
|----------|----------|
| GUEST #1 | GUEST #2 |
| GUEST #3 | GUEST #4 |

BASE PASS PRE-REGISTRATION

Your Base Pass will be mailed to you in advance (no passes will be mailed **AFTER** July 1, 2015)
 If you drive on-base you must provide a valid driver's license, proof of insurance and vehicle registration.
IF YOU PLAN ON USING A RENTAL, PLEASE WRITE "RENTAL" IN THE BLOCKS THAT REQUEST VEHICLE INFORMATION

| | | | |
|---------------------------------|-----------------------|----------------|-------|
| DRIVER'S LICENSE STATE & NUMBER | CAR MAKE | CAR YEAR/MODEL | COLOR |
| LICENSE PLATE NUMBER & STATE | CAR INSURANCE CARRIER | | |
| POLICY NUMBER | EXPIRATION DATE | | |

PAYMENT INFORMATION

No checks will be accepted **AFTER** June 15, 2015
If registering after June 15, 2015 you must register online
 Only cash and credit cards will be accepted on the day of registration

| EVENT | # TICKETS | UNIT PRICE | TOTAL AMT |
|--|-----------|------------|-----------|
| Friday Night Decade Social | _____ | x \$10 = | _____ |
| Saturday Night Reunion (BEFORE May 15, 2015) | _____ | x \$50 = | _____ |
| Saturday Night Reunion (AFTER May 15, 2015) | _____ | x \$60 = | _____ |
| Saturday Night Reunion (AFTER June 15, 2015) | _____ | x \$70 = | _____ |
| TOTAL AMOUNT DUE | | | _____ |

OFFICE USE ONLY

Check \$ _____ No. _____
 Visa Mastercard
 CCard \$ _____
 Cash \$ _____
 Total \$ _____
 RECEIVED BY: _____
 DATE RECEIVED: _____

PLEASE REGISTER NO LATER THAN JUNE 1, 2015 TO ENSURE A SUCCESSFUL REUNION

Questions? Email us at reunion2015@ec.rr.com or call 910.546.1752