

SOC '60 REUNION RESERVATIONS

Deadline October 15, 2010

NAME OF CLASSMATE: _____
(Ladies, please give maiden name.)

SPOUSE OR GUEST NAME: _____
(If SOC graduate, please list year.)

ADDRESS: _____

PHONE: (Home) _____ (Cell) _____

DATE OF BIRTH: ___/___/___

EMAIL ADDRESS: _____

I WOULD LIKE TO BE INCLUDED IN CLASS ACTIVITES BY EMAIL ___ YES ___ NO

NUMBER OF SOC '60 DIRECTORIES* _____ @ \$12.00 EACH = \$ _____

NUMBER OF DINNER RESERVATIONS _____ @ \$50.00 EACH = \$ _____

* The cost of the dinner ticket will include 1 directory per classmate.

IF YOU WOULD LIKE TO HELP COVER THE
REUNION COST-OVERRUN, ADD ANY AMOUNT + \$ _____
(Please include this form with any future cost-overrun donations)

TOTAL AMOUNT ENCLOSED \$ _____

**MAKE CHECK PAYABLE TO SOC '60 REUNION
AND MAIL ALONG WITH THIS FORM TO:
PAT (POWERS) ROSE 827 CREEKRIDGE DALLAS, TX 75218**