

Co E (LRP) & Co C (Rngr) Assoc., Inc.

Reunion 1997

(PLEASE PRINT)

Registration Form

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YES! I will attend the Co E (LRP) & Co C (Rngr) Assoc., Inc reunion in Savannah, GA from 5-8 June 1997.

Name LAZAR K. LAZAROV III

Membership# 045

Address _____

Phone (____) _____

I will be accompanied by _____ guests. Please list names.

Be advised, this is a family affair!!!

Name	Relationship
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_____	() Under 12 years of age. Age _____
_____	() Under 12 years of age. Age _____
_____	() Under 12 years of age. Age _____
_____	() Under 12 years of age. Age _____

REGISTRATION FEES

\$85.00 per member or guest: Number of persons attending 1 X \$85.00 = \$ 85.00 CH# 1848
BTD, 4/9/97

\$65.00 per child under 12: Number of children attending _____ X \$65.00 = \$ _____

XX Large T-shirts \$2.00 extra. XX Large shirts _____ X \$2.00 = \$ _____

Send check or money order only, (DO NOT SEND CASH). TOTAL \$ _____

Type of meal desired for banquet

Number of meals (Chicken) _____ Number of meals (Seafood Casserole) 1 *del*

REGISTRATION FEES INCLUDE:

Hospitality Room, Low Country Boil, Banquet, Transportation, and Reunion T-shirts for members and guests.
(No children's T-shirts)

Please show size and number of T-shirts desired. (For members and guests only)

Small _____

Medium _____

Large X *del*

XX Large _____

REGISTER EARLY

**THERE WILL BE A \$10.00 LATE REGISTRATION FEE PER PERSON
FOR THOSE WHO REGISTER AFTER 1 MAY 1997.**

**THE ASSOCIATION HAS TO KNOW THE NUMBER OF PEOPLE WHO ARE COMING TO THIS
OUTSTANDING REUNION. MEALS, TRANSPORTATION AND OTHER ACTIVITIES MUST BE
CONFIRMED NO LESS THAN 30 DAYS IN ADVANCE !!!**

PLEASE FILL OUT THE FORM COMPLETELY

MAIL TO:
Co E (LRP) & Co C (Rngr) Assoc Reunion

Please make checks payable to: Co E (LRP) & Co C (Rngr) Assoc., Inc.

If you have any questions contact Daniel Pope - President at ()

I will also be at the hotel the day before the reunion starts so call me there if you need help.

PLEASE MAIL THIS PAGE AND KEEP THE LAST PAGE FOR YOUR REFERENCE

SEE ATTACHED CHECK
1848