

**MEMORIAL CLASS OF 1969
50TH REUNION
October 18-19, 2019**

Please complete form with payment

First: _____ Last: _____

Maiden Name (if applicable): _____

Spouse/Guest First: _____ Last: _____

Is your guest a 1969 Grad? Yes _____ Maiden Name: _____

No _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Veteran? Yes No If yes, Branch _____

Please Select:

Friday and Saturday # of Persons _____ @ \$125.00 each

Friday Only # of Persons _____ @ \$50.00 each

Saturday Only # of Persons _____ @ \$75.00 each

Reminder: Both Friday and Saturday Nights will be cash bar only and they will not accept credit cards.

Please complete this form and mail with check to:

Chuck Sullivan
Memorial Class of 1969 Reunion
P.O. Box 700327
Tulsa, OK 74170-0327