



REGISTRATION FORM

(Print out, complete and mail to the address listed below)

**PLEASE RETURN THIS FORM AND PAYMENT BY
FRIDAY JULY 8TH 2011**

NAME _____
ADDRESS _____

PHONE _____

Total # OF PEOPLE ATTENDING THE REUNION WITH YOU _____

(Please list all attendees on reverse)

# OVER 70 YEARS OLD	_____	= FREE
# OF CHILDREN (0-5 YEARS OLD)	_____	= FREE
# OF CHILDREN (6-12 YEARS OLD)	_____ X \$15	= \$ _____
# OF ADULTS (13-69 YEARS OLD)	_____ X \$25	= \$ _____

SATURDAY PICNIC		
# OF CHILDREN (0-5 YEARS OLD)	_____	= FREE

SATURDAY PICNIC		
# OF CHILDREN (6-12 YEARS OLD)	_____ X \$8	== \$ _____

SATURDAY PICNIC		
# OF ADULTS (13-69 YEARS OLD)	_____ X \$12	= \$ _____

How many of each?) Med _____ Large _____ XL _____ XXL _____ *XXXL _____
Add \$2 FOR 2x and \$3 for 3x

TOTAL ELDER REUNION T-SHIRTS	_____ X \$11	= \$ _____
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TOTAL AMOUNT OF YOUR CHECK/MO

= \$ _____

Family member information: Please list the names of all attendees here

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

**Please make checks or money orders payable to the
William Elder Descendants Association and mail to:**

**Tim Gallagher
5496 Ross Court
New Market, Maryland 21774**

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