



REGISTRATION AND \$\$ PAYMENT FORM: THOMPSON-ASHLEY REUJNION

Friday, July 28, 2017 - Sunday, July 30, 2017 -- MAIL THIS FORM ALONG WITH your payment if paying via U.S. mail.

COST for ADULTS / TEENS (13 and over): \$62 per person
 COST for CHILDREN (4 - 12 year old): \$26 per person
 COST for Children (UNDER 4 YEARS) \$3.00 per child

ALERT: Children will not be provided "regular" -size meal portions.

At least ½ Payment of Total Cost Due: NOT LATER THAN >> **Saturday, June 3, 2017**
 COMPLETE Balance Due: **Saturday, July 8, 2017** (4 weeks before the reunion for planning purposes)

*Please return THIS FORM at bottom along with your payment in a check or a money order >>
 Made payable to*

Demetria Taylor
Mailing Address: 5485 Silver Ridge Dr., Stone Mtn, GA 30087
 Write in check memo: "Thompson-Ashley Reunion Tickets for # _____ persons" (insert the number).
 Include your contact email and PHONE on the check or money order.

Full Payment Appreciated no later than July 8 for Our Best and Effective Planning ~ a non-negotiable

\$\$\$Payment Plan Includes \$\$\$

Friday: Meet and Greet Light - fare Hospitality (dinner expense is on your own)

Saturday: Family Picnic/Activities

Saturday PM: Family Evening Expeditions and Dinner/Entertainment

Sunday: Departure Pick Up Travel Snack

Reunion Mementoes

Hotel rates are NOT included in these reunion payments. Use nearby Lumberton hotels of your choice.

PRINT >> Primary Sender Person's Name Below: Last: _____ First: _____	Number of Adults/Teens 13 yr - above (x \$62.00 each yrs and Above)	Number of Children (4-12 yrs/old) x \$26.00 each	Children Under 4 yrs/old X \$3.00 each
CHECK >> the ONE that applies to you: <input type="checkbox"/> Ashley Family <input type="checkbox"/> Thompson Family			
Address: _____ CITY: _____ STATE: _____ ZIP: _____			
PRIMARY SENDER's Accessible Phone Numbers: C: _____ H: _____ PRINT >> clearly your e-mail address: _____			
Print Each Person's Name Below for Payments Being Paid. Check the correct column on the right HAND COLUMN of this form. Print names ALSO on MEMO of your check/money order.			
ADD other names ON THE BACK of this document - -if needed.			
Total Amount that Must be Paid for All Participants is: \$ _____			
Date on check or Money Order: _____ (NO POST DATED CHECKS accepted) Check #: _____ Money Order #: _____ Total Amount Enclosed: _____			
Balance Due: _____			
_____ Yes, see comments/ADDITIONAL NAMES on the back			
(optional) FAMILY REUNION 2017 KEY \$PONSORS\$ To keep the reunion cost low, we are asking for those of you who can/would like to be a sponsor to send additional donations. This will help with upfront costs, help with unforeseen situations, printing, communications, and will give us a chance to publish your name in the 2017 Brochure to THANK you for the extra \$ and support.		I am sending \$_____ as a Family Sponsor See Insert: __Check __Money Order # _____	
		Your assistance is greatly appreciated in any amount you opt to donate.	