

REGISTRATION FORM
MONROE DAVIS FAMILY REUNION
Washington DC – July 21-23, 2017

Everyone attending the Monroe Davis Family Reunion must be accounted for via this registration form. It is important we frequently update the family's contact and mailing database, please feel free to copy/distribute the letter and registration form to other members who we may have omitted on the original mailing list. We also intend to use the information from this form to update our secure reunion database. Thank you for your Christian cooperation.

(PLEASE PRINT CLEARLY)

Head of Household (First, middle, last name for registration check-in)			Date:
Street Address (including apt. number, city, state, zip)			
Phone Number	Home:	Cell:	
Email Address			
Number of Adults: (13 – 100+ years old)	Number ____	x \$125	Total \$ ____
Number of Children (6 – 12 years old)	Number ____	x \$65	Total \$ ____
Seed Money (17 years & older)	Number ____	x \$25	Total \$ ____
I certify this is an accurate account of my family's attendance at the Monroe-Davis family reunion. Make check or money order payable to Monroe-Davis Family Reunion, mail to PO Box 1067 College Park MD 20741.			
Your Signature _____		Total Registration Fee \$ ____	

T-SHIRT INFORMATION											
(Enter number of each paid registrant size)											
YOUTH					ADULT				PLUS SIZES		
YXS	YS	YM	YL	YXL	S	M	L	XL	2X	3X	4X

NOTE: You must be a fully paid registrant including seed money to receive a T-shirt and take part in the activities. Late registrations will NOT include a T-shirt.

(PLEASE PRINT CLEARLY)

FAMILY UPDATES List your family updates & accomplishments below	
	over

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