

PLEASE RETURN BY AUGUST 1, 20__

Name: _____ **Number attending:** _____

Address:

Telephone: _____ **e-mail:** _____

PLEASE CHECK ONE:

WILL SPEND SATURDAY NIGHT ONLY ON CAMPUS

WILL SPEND SUNDAY NIGHT ONLY ON CAMPUS

WILL SPEND BOTH SATURDAY AND SUNDAY NIGHTS ON CAMPUS

REGISTRATION FEE - PLEASE CHECK ONE:

REGISTRATION FEE OF \$50.00 PER FAMILY ENCLOSED

REGISTRATION FEE OF \$50.00 PER FAMILY BEING SENT SEPARATELY

REGISTRATION FEE OF \$20.00 PER SINGLE COUNSELOR ENCLOSED

REGISTRATION FEE OF \$20.00 PER SINGLE COUNSELOR BEING SENT SEPARATELY

TOTAL AMOUNT ENCLOSED: _____

PLEASE MAKE CHECKS FOR REGISTRATION FEES PAYABLE TO "COUNSELOR REUNION" AND MAIL TO:

DAVID BALLARD

COUNSELOR REUNION

311 FIFTH AVENUE

HINTON, WV 25951

(304/ 466-0407)