



REUNION COMMITTEE FORM

Please return this form by September 20, 2008

If your class has co-Reunion chairs, submit only one copy of this form.

Class _____ Class Reunion registration fee (charge to alumnae only) \$ _____
Reunion/Parade Theme _____

Please provide the first, undergraduate and last name for each reunion committee member.

Reunion Chair _____

Address _____

Home phone _____ Cell phone _____

Email address _____

Reunion Co-Chair (if applicable) _____

Address _____

Home phone _____ Cell phone _____

Email address _____

Headquarters Chair _____

Address _____

Home phone _____ Cell phone _____

Email address _____

Parade Chair _____

Address _____

Home phone _____ Cell phone _____

Email address _____

Friday Dinner Chair _____

Address _____

Home phone _____ Cell phone _____

Email address _____

Saturday Dinner Chair _____

Address _____

Home phone _____ Cell phone _____

Email address _____

Program Chair _____

Address _____

Home phone _____ Cell phone _____

Email address _____