

Chopticon High School Class of 1989 - 20 Year Reunion Registration October 17, 2009 - J.T. Daugherty Conference Center

Please return this form with payment (check or money order) by **September 17, 2009** payable to
CHS Class of 1989, Attn: Lisa Zimmerman, 27367 Birch Manor Circle, Mechanicsville, MD 20659

Registration Fee: \$55.00/person; \$100.00/couple

FOR FURTHER INFORMATION EMAIL: chopticon1989@gmail.com

Classmate Information

Please print clearly.

First Name *Middle (if applicable)* *Last Name* *Maiden Name*

Street Address *City, State, Zip*

Day Phone *Evening Phone* *Email Address*

**Emergency contact (name, phone, relationship) for use during the Reunion weekend.
Must list someone NOT accompanying you to Maryland.**

Emergency Contact Name *Emergency Contact Number* *Relationship*

Guest/Spouse Information (over 21)

First Name *Last Name* *Relationship* *Grad Year (IF CHS graduate)*

Meal Preference

(enter # of dinners in space provided -
include guest preference in count)

Steak *Salmon* *Chicken Breast* *Vegan* *List any dangerous food allergies*

Receipt of your registration will be acknowledged by e-mail. Until September 17, 2009, all registrations are fully refundable. Refunds will not be processed until after reunion weekend.