

LSR REUNION

SPONSERED BY ALDERSGATE'S METHODIST YOUTHS

April 29-May 1
Aldersgate United Methodist Church

REGISTRATION FORM

NAME _____ AGE _____ BIRTHDATE _____
ADDRESS _____ CITY _____
ZIP CODE _____ PHONE _____
CHURCH _____ CITY _____

IN CASE OF EMERGENCY, IS THERE ANY OTHER PHONE NUMBER WE SHOULD KNOW?

Can you provide transportation during the reunion? Yes ___ No ___
If yes, for How many?(including yourself) _____

IN REFERENCE TO MY SON/DAUGHTER:

IN CASE OF MEDICAL EMERGENCY, I GIVE MY PERMISSION TO OBTAIN
AT MY EXPENSE, SUCH MEDICAL ATTENTION AS DEEMED NECESSARY.
ALDERSGATE UNITED METHODIST CHURCH IS NOT RESPONSIBLE FOR ACTIONS
OCCURRING TO AND FROM LSR REUNION.

PARENTS SIGNATURE _____

RULES

1. NO LIQUOR OR DRUGS ALLOWED DURING THE ENTIRE REUNION.
2. ALL PERSONS MUST BE ON CHURCH GROUNDS AFTER DARK.
3. ALL PERSONS MUST BE INSIDE AFTER LIGHTS OUT.
4. NO SMOKING IN CHURCH!
5. CHURCH MUST BE CLEAN AT ALL TIMES, ANY DAMAGES MUST BE SETTLED BEFORE LEAVING.

I, _____ AGREE TO COMPLY WITH THE ABOVE RULES

YOUR SIGNATURE _____

PARENTS SIGNATURE _____

PLEASE SEND REGISTRATION FORMS TO:
AND TOTAL FEE OF \$15.00

KATHY KASHIMA

PALO ALTO, CALIFORNIA, 94306

PRE REGISTRATION DEADLINE - April 15, 1977
(A LATE FEE WILL BE CHARGED \$2.00 IF POSTMARKED LATER THAN ABOVE)

MAKE CHECK PAYABLE TO:

ALDERSGATE MYF YOUTH FUND

IF ANY QUESTIONS CONTACT:

ROGER MORIMOTO - _____