

Name: _____

Address: _____

Phone: _____ Email: _____

Class Year(s): _____ Deg/Major: _____

Guest(s): _____ TWU Grad? Year: _____

Please list any special needs that you or your guests may have:

Registration Fee

FSA Member \$5 x # _____ = \$ _____
Non-Member \$10 x # _____ = \$ _____

Friday, April 23rd

Distinguished Alumni Awards Luncheon \$25 x # _____ = \$ _____

Class of _____ Dinner, TBA pay @ door # _____

Saturday, April 24th

Picnic Lunch \$10 x # _____ = \$ _____

Reunion Dinner \$25 x # _____ = \$ _____

Student Sponsorship:

Friday Lunch _____ Saturday Dinner _____ \$25 x # _____ = \$ _____

Student(s) to be _____ major OR from city) _____

Do you wish to sit with your student(s) Y N

FSA Membership:

\$600/Life \$30/Annual \$ _____

TOTAL: \$ _____

Payment Type: Check Enclosed _____ OR Charge _____

Card # _____ Exp Date: _____

Signature: _____

Mail completed form and payment to:

TWU Former Students Association, P O Box 425795, Denton, TX 76204-5795
OR call 940-898-2586 OR fax at 940-898-2497