

REGISTRATION FORM

Name: _____

Maiden Name: _____

Spouse/Guest Name: _____

Address: _____

City, State & Zip: _____

E-Mail address: _____ Phone: _____

The cost for the weekend activities is \$65.00/person, payable to the Hickman Class of 1968. We request your response by September 1, 2008. Cost for the weekend will be \$80/person for those responding after September 1, 2008.

_____ **I/We plan on attending.**

_____ **I do not plan on attending.**

_____ **I do not plan on attending, but am sending a contribution toward a scholarship fund in the name of the "Hickman Class of 1968".**

Note: Please mail this registration form along with your check, made payable to the Hickman Class of 1968 to:

*Hickman Class of 1968
c/o Diane Hermann Hill
2501 Vista View Terrace
Columbia, Missouri 65203*

****A tee shirt commemorating our 40th class reunion will be provided to all "alums". Please indicate size preference: ___ S ___ M ___ L ___ XL ___ XXL ___ XXXL ___**