

2018 Registration Form

RSVP NO LATER THAN AUGUST 25, 2018

Last First MI Maiden

Name as you would like it to appear on your name tag Degree(s), Graduation Year

Home Phone/Cell Number E-mail Address

Please Indicate:

- 25th Reunion Graduate
- 50th Reunion Graduate
- Other Year _____
- Check here if this is an information update

What Program(s) Were You In:

Name of Guest (Please include in totals below)

Activities

Saturday, Sept. 22, 2018	Time	Number Attending	Per Person	Total
Banquet & Program CityView Celebrations	6:00 p.m.		\$30.00	
2018 Designated Gifts				
<input type="checkbox"/> Student Scholarships	<input type="checkbox"/> \$500 <input type="checkbox"/> \$250 <input type="checkbox"/> \$100 Other _____			
Grand Total \$				

Make check payable to:

Trinity Alumni Association - 2122 25th Avenue Rock Island, IL 61201

Questions? Please call the Alumni Association (309) 779-7700