

# The Rainey Family Reunion

www.theraineyreunion.com



Friday, June 22, 2018 - Sunday, June 24, 2018 | Washington, D.C.

## REGISTRATION FORM - Deadline March 31, 2018

Please PRINT entries & complete this form\* Reminder: Mail This Form with your Funds

Last Name (person completing this form)				First Name		MI	Maiden Name	
Address: _____								
City: _____		State: _____			Zip: _____			
Telephone: ( ) _____				E-Mail _____				
I will attend the reunion		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Arrival/Departure Date(s): _____				
Special Accommodations: (specify): <input type="checkbox"/> Yes _____								
Veteran		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>*Please list names of all attendees on reverse side, to include ages or children</i>				
<b>REGISTRATION FEES</b>								
➤ Single Adult		<u>\$75.00</u>	X	_____	☞ No. of Adults in your group	=	Amount \$   _____	
<i>(One Adult, age 18 or older by June 21, 2018)</i>								
➤ Family Household		<u>\$150.00</u>	X	_____	☞ No. of Groups in your Household	=	Amount \$   _____	
<i>(Couple/two parents/single parent w/child(ren) under age 18 residing in same household as of June 21, 2018)</i>								
➤ Senior (Single)		<u>\$45.00</u>	X	_____		=	Amount \$   _____	
<i>(One Adult age 65 or older as of June 21, 2018)</i>								
➤ Senior Couple		<u>\$65.00</u>	X	_____		=	Amount \$   _____	
<i>(Two Adults, one must be 65 years of age or older)</i>								
<b>T SHIRT FEES</b>								
T-Shirt Sizes: ___S ___M ___L ___XL ___1XL ___2XL ___3XL ___Other								
Select T-Shirt Size and Quantity				Total No. of Shirts _____		X	\$12.00 =   \$ _____	
<b>DONATION (OPTIONAL)</b>								
<b>DONATION</b>						=	\$   _____	
<b>TOTAL AMOUNT ENCLOSED</b>							=	\$   _____

**DO NOT SEND CASH - Make check or money order payable to:**

**Fayette Rainey**

c/o Rainey Family Reunion  
9983 W. Outer Drive  
Detroit, Michigan 48223

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## Registration - Additional Attendees Registration Deadline: March 31, 2018

If you are submitting this form for multiple individuals/attendees, such as children, older adult family members, and friends, please list their names below, kindly include ages of children.

1. Spouse's name/Family member:

\_\_\_\_\_

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

2. Family member/Guest name:

\_\_\_\_\_ Child's age: \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

3. Family member/Guest name:

\_\_\_\_\_ Child's age: \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

4. Family member/Guest name:

\_\_\_\_\_ Child's age: \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

5. Family member/Guest name:

\_\_\_\_\_ Child's age: \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

6. Family member/Guest name:

\_\_\_\_\_ Child's age: \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

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### Do Not Complete This Section: For Use by Committee/Treasurer

\_\_\_\_\_ Amount Received \$

\_\_\_\_\_ Check/Money Order #

\_\_\_\_\_ Date Received

Notes:
