

Complete and Print Fairdale All Class Reunion Registration Form

Name _____

Address _____

Address 2 _____

City _____ State _____ Zip _____

E-Mail Address _____

Graduating or Attending Year _____

Favorite school era Song & Artist _____

Spouse or Guest Name _____

Graduating or Attending Year _____

Favorite school era Song & Artist _____

Total number attending including guests _____

Price Incentive 1 2 3 4 5

Check or Money Order in the amount of \$ _____

Note: No tickets will be mailed out. Make check or money order payable to:
FAIRDALE ALUMNI ASSOCIATION, INC.

Mail Registration to:
Fairdale Alumni Association, Inc.
P.O. Box 156
Fairdale KY 40118-0156