## Registration KCI 50 Year Class Reunion

# of people:	1 ()	or 2 ()	(please check appropriate number)
Name Person 1:			for the
Name Person 2:			name tags
CONTACT Information:			
Contact Telephone #:			Enter numbers only
Email:			
Postal Address:			
Town/City:			
Province/State:			
Country:			
Postal Code:			
CHECK (✔) EVENTS YOU WIL Meet and Greet at			ners – <b>Friday Night</b> (map will be forwarded)
Killarney Parade Fl	oat – <b>Sat</b>	urday Morni	ng
School Tour – <b>Satu</b>	rday Afte	ernoon	
Dinner at the Legic	n – <b>Satu</b> ı	rday evening	<b>,</b>
Wind-up gathering	at the G	olf-Course –	Sunday morning.
REGISTRATION FEE: /Entarth	a annlicah	alo amountal	
REGISTRATION FEE: (Enter the applicable amounts)  One person - Enter \$40.00 on this line:			
	-		00 on this line:
	•		Enter on this line:
	Total Am	Ount Enter in a	n this line.

## Instructions:

- 1. Complete the above application and save it, then attach to an email and send to info@kci50reunion.ca
- 2. Payment can be made by **E-Transfer** or **Cheque as per the following instructions:** 
  - E-Transfers can be done directly to auto deposit using **Tim B Howell: 204-748-7898**
  - Cheques can be mailed to Tim Howell, Box 1799, Virden, MB R0M 2C0