



Registration Form



39th Association Reunion *St. Louis, Missouri* Sept. 11-15, 2019

Name _____ Spouse _____

Address _____

_____ Phone _____

E-mail _____

Additional guests/family/friends _____

Dates in 39th _____ to _____ Duties _____

For planning purposes: Date Arrival _____ Date Departure _____

REGISTRATION FEES: *(includes all tours and banquet)*

Number of Persons attending: _____ @ \$160.00 each = \$ _____

If you have guests coming to the Banquet Only:

Number of persons attending: _____ @ \$55.00 each = \$ _____

Please Return by July 1, 2019. Make Check Payable to: 39th Association

Mail to: Thomas Sparr
44 Hidden Lake Court
St. Peters MO 63376

Tom Sparr: sparr36@att.net, phone 636-447-3290, or 314-277-1671

