

2014 HILL FAMILY REUNION REGISTRATION

*Please be sure to complete this entire form and return it with your
Registration Dues*

Deadline is May 15, 2014

Name: _____

Address: _____

Phone: _____

FAMILY REUNION REGISTRATION DUES:

AGE 0 – 5 Free AGE 6 – 11 \$25 AGE 12-17 \$30 ADULTS: \$45.00

____ # of Adults: (\$ 45.00 each for a **Total** of \$ _____)

____ # of Children 12-17: (\$ 30.00 each for a **Total** of \$ _____)

____ # of Children 6-11 (\$ 25.00 each for a **Total** of \$ _____)

____ # of Children 0-5 (free)

Grand Total enclosed \$ _____

*Please make Checks or Money Orders payable to: **Hill family Reunion***

*This form should be mailed to: **Hill Family Reunion c/o Ethel Hill***

97 Happy Street

Cleveland, MS 38732

Contact information: 662-721-3791