**Registration Form: Salter/Saulter Family Reunion**

**First Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Last Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Last Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address/ City/State/ZIP** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number in family attending the reunion:** \_\_\_\_\_\_\_\_\_\_\_

**Interested in participating in Salter/Saulter Family Fashion Show:** YES or NO

**Interested in displaying your business as a vendor:** YES or NO

**Banquet Fees:**

Adults \_\_\_\_ x $37.00 = $\_\_\_\_\_\_\_\_\_

Children (10 years and under) \_\_\_\_ x $12.00 = $\_\_\_\_\_\_\_\_\_

**Total costs for Banquet:** $\_\_\_\_\_\_\_\_\_\_

**Good Ole Fashioned Family Picnic** (per Household)**:** $10.00

**Salter/Saulter Family Scholarship Fund** (Donation)**:** $\_\_\_\_\_\_\_\_\_\_

**Salter/Saulter Family Reunion Dues** (per Household)**:** $50.00

**Grand Total:**  $\_\_\_\_\_\_\_\_\_\_

Registration form, banquet fees, and family dues are due by: **May 16, 2018**

*Make checks payable to* ***Salter/Saulter Family Reunion***

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| --- | --- |
| Send all monies and registration form to:  **Rose Stamps**  **99 Nome Way, Unit B**  **Aurora, CO 80012** | Scholarship applications should be sent to:  **Marcia Norman Murray**  **Attn: Salter/Saulter Family Scholarship Committee**  **10325 Scarborough Road**  **Bloomington, MN 55437** |

Check us out at[**www.salter-saulter.com**](http://www.salter-saulter.com)and  **Salter-Saulter Family.**