Registration Form
Coral Gables 50th Class Reunion
May 15th & 16th, 2009

Hyatt Regency Coral Gables
50 Alhambra Plaza
Coral Gables, FL 33143
305-441-1234 or Fax 305-441-0520

Name (Print)_____

Guest's Name _____

Your Name at graduation _____

Address_____City_____State _____Zip_____

Phone(s) _____Email_____

Registration fee per person	**$25 per person**	**____**
Friday Night Dinner	**$50 per person**	**____**
Saturday Night Dinner/Dance	**$80 per person**	**____**
Coral Gables Tour (Sat.)	**$20.00 per person**	**____**
I would like to make a donation		**____**
TOTAL		**____**

Important: **Meal choice for Saturday Night BEEF_____**
FISH_____CHICKEN_____

Please mail these forms with your check payable to Gables '59 Reunion to:
Gables 59 Reunion Committee
P O Box 220650
Hollywood, FL 33022-0650

NOTE: Room reservations and special needs should be made directly with the hotel.
305/441-1234. FAX 305/441-0520

Please find a list of those classmates who have registered to date on the back.