

Leto High School Class of 1983 40th Class Reunion Weekend Registration Form

First Name: _____ Last Name in High School: _____

Nick Name (if applicable): _____ Married Name: (if applicable): _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Number: _____

YES NO I give permission to publish my contact information with classmates. (Circle one)

General Admission (Please indicate quantity next to all that apply)

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|---|--------------|
| _____ General Admission Friday Meet & Greet | \$85 |
| _____ General Admission Saturday Gala | \$140 |
| _____ General Admission Weekend Package (Meet & Greet and Gala) | \$215 |
| _____ Saturday Picnic Lunch | \$10 |
| _____ Ticket Patron Friday Meet & Greet | \$150 |
| _____ Ticket Patron Saturday Gala | \$225 |
| _____ Ticket Patron Weekend Package | \$350 |
| _____ Beverage Sponsor | \$1200 |
| _____ Photography Sponsor | \$750 |
| _____ Entertainment Sponsor | \$750 |
| _____ Picnic Lunch Sponsor | \$600 |
| _____ Alumni Gift Sponsor | \$500 |
| _____ Donation | Amount _____ |

Please list names of individuals attending under this reservation including self.

Meet & Greet _____

Picnic Lunch _____

Gala _____

Please list any song requests and artist for the Gala. Every effort will be made to accommodate as many requests as possible.

Please make check payable to Patricia Thompson and mail with form by August 1st to:

Patricia Ortiz Thompson
ATTN: Leto 40th Reunion
4206 Carrollwood Village Court
Tampa, FL 33618