

# Leto High School Class of 1983 40<sup>th</sup> 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)**

_____	General Admission Meet & Greet - Friday, September 22	\$85
_____	General Admission Gala - Saturday, September 23	\$140
_____	General Admission <u>Weekend</u> Package (Meet & Greet and Gala)	\$215
_____	Saturday Picnic Lunch - Saturday, September 23	\$10
_____	Ticket Patron Meet & Greet - Friday, September 22	\$150
_____	Ticket Patron Gala – Saturday, September 23	\$225
_____	Ticket Patron <u>Weekend</u> 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 1<sup>st</sup> to:  
 Patricia Ortiz Thompson  
 ATTN: Leto 40th Reunion  
 4206 Carrollwood Village Court  
 Tampa, FL 33618