

Class of '60 Celebrates 50

October 29-30, 2010

Classmate Name: _____ Email: _____

Address: _____

City: _____ State/Zip: _____

Phone: _____ Cell: _____

Reunion Name Tags – *Please print clearly.* Provide your preferred name or nick name.

Classmate: _____

Spouse: _____

Guest 1: _____

Guest 2: _____

Reunion Events	Number	Total
Friday Night Mixer (6–12 PM; Buffet 7–8PM; \$50 per person, pay as you go bar)	_____	\$ _____
Saturday Night Dinner Dance (6–12 PM; \$50 per person, pay as you go bar)	_____	\$ _____
Friday AND Saturday Events Combined (\$75 per person, pay as you go bar)	_____	\$ _____
Printed Class Directory (\$10 each, please indicate if it is to be mailed)	_____	\$ _____
_____ I will pick it up at the reunion _____ Please mail to me		
Grand total		\$ _____

Total the cost of selected activities and directory. Do NOT include cost of golf. All reservations must be prepaid and received no later than August 15, 2010. Makes check payable to the **Waco High Class of 60** and mail with this form to:

Jeanne Holland Harman
10018 Ramblewood
Woodway TX 76712

Menu Selection: Please mark (X) your selection of a dinner entrée for each attendee to the Saturday event. Please indicate if there are any special dietary restrictions or other requirements in the box below.

Menu Selection	Classmate	Spouse	Guest 1	Guest 2
Grilled Salmon Center Cut Salmon Steak with Champagne Dill Sauce; Wild Rice Pilaf; Broccoli and Cheese Sauce				
London Broil Sliced marinated Flank Steak with Sherry Mushroom Sauce; Garlic Mashed Potatoes; Peas and Pearl Onions				
Grilled Chicken Mesquite Grilled Chicken Breast with Lemon Herb Cream Sauce; Oven Roasted Potatoes; Fresh Vegetable Medley				
Each entrée will be served with a salad and choice of 2 dressings, bread presentation, Reg. & Decaf. Coffee, Tea. A dessert station will include Italian Cream Cake, Triple Chocolate Mousse Cake, and Cheesecake with fresh fruit Coulis.				
Special diet needs or instructions: 				

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Golf Reservations

Saturday golf at Cottonwood Golf Course includes shared cart and green fees. Partners will be drawn for on Saturday morning. Cost per player is \$50.

The following in my party plan to play golf:

Classmate: _____	\$ _____
Spouse or Guest: _____	\$ _____
Additional Guest: _____	\$ _____
Additional Guest: _____	\$ _____
_____ Grand Total	\$ _____

MAIL THIS FORM AND SEPARATE CHECK **PAYABLE TO TIM LATTA:**

TIM LASSETER LATTA
250 LOYOLA DRIVE
MILLBRAE, CA 94030

Reservations and payment must be received no later than August 15, 2010. Should the tournament be cancelled due to bad weather, your check will be shredded.