



2007 Reunion Ticket Order Form

| | Ticket Price | Number of Tickets | Total Cost |
|---|---------------------|--------------------------|-------------------|
| Reunion Package (Includes Fish Fry, Banquet, & BBQ) | \$70.00 | _____ | _____ |
| Friday Fish Fry ONLY | \$15.00 | _____ | _____ |
| Saturday Banquet ONLY | \$40.00 | _____ | _____ |
| Sunday BBQ ONLY | \$15.00 | _____ | _____ |
| ACA Widow Package* | \$0 | _____ | _____ |

TOTAL _____

*Widows of ACA members may attend all of the above functions of the reunion at no charge.

| | | | |
|--|----------------|-------|-------|
| Thursday Night Buffet at Mr. T's Restaurant | \$10.00 | _____ | _____ |
| Friday Golf Tournament | \$50.00 | _____ | _____ |
| Saturday Ladies Luncheon | \$5.00 | _____ | _____ |

TOTAL from both boxes _____

| Banquet Meal Selection: | Special Banquet Needs Request |
|--|---|
| ___ Prime Rib and/or ___ Chicken (Indicate Number Please) Please indicate what group you want to sit near _____ | Please indicate if you need assistance with: <input type="checkbox"/> Wheelchair <input type="checkbox"/> Early Seating <input type="checkbox"/> Seating near exit across from restrooms <input type="checkbox"/> Special Dietary Requirements. (Please call us) |
| For Golfers My handicap is _____ | |

Indicate status: ACA Member ACA Widow Separate Guest Registration
 The above order is for: Myself My Spouse ___ (#of) Guests. Please indicate guest names on a separate piece of paper.

Name _____ Spouses Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone (_____) _____ ACA Number _____ Email _____
 I will be staying at _____
 Signature _____