

REGISTRATION

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Other Phone () _____

Preferred E-Mail _____

Alumni **Parent - Child's Name** _____

Please print the names of additional attendees for name tags. Enter class year, if those attending are Incarnate Word graduates.

<u>Name</u>	<u>Class Year</u>
_____	_____
_____	_____
_____	_____

<u>Event</u>	<u>Cost/person</u>	<u># People</u>	<u>Total</u>
Wine & Cheese Social	Complimentary	_____	\$ <u> 0</u>
Decade Dinners	\$20/\$30	_____	\$ <u> </u>
Clean House Production	\$5	_____	\$ <u> </u>
Headwaters Nature Walk	Complimentary	_____	\$ <u> 0</u>
Breakfast with the Sisters	\$10	_____	\$ <u> </u>
Meet the Faculty	Complimentary	_____	\$ <u> 0</u>
Barbecue Lunch	\$10	_____	\$ <u> </u>
Synchronized Swimming	Complimentary	_____	\$ <u> 0</u>
Campus Tours	Complimentary	_____	\$ <u> 0</u>
Presidential Address	Complimentary	_____	\$ <u> 0</u>
Light the Way Mass	Complimentary	_____	\$ <u> 0</u>
Parents Reception	Complimentary	_____	\$ <u> 0</u>
Alumni Reception	Complimentary	_____	\$ <u> 0</u>
Light the Way Ceremony	Complimentary	_____	\$ <u> 0</u>
Memorial Mass	Complimentary	_____	\$ <u> 0</u>
Champagne Brunch	\$20	_____	\$ <u> </u>
Alumni & Parent T-shirt	\$10	_____	\$ <u> </u>
<i>(circle one) S M L XL XXL</i>			
TOTAL COST		_____	\$ <u> </u>

**Mail Completed Form and Payment to:
University of the Incarnate Word - Office of Alumni Relations
4301 Broadway, CPO #298, San Antonio, TX 78209**