

Madrigal Reunion Weekend Registration Form

Please let us know you'll join us at the reunion festivities May 30 – June 1, 2008

PLEASE PRINT Name (& maiden name, if applicable) _____ NCHS Class of ' _____

Address	() _____ Telephone #
_____	() _____ Cell phone #
_____	E-mail address

- Sheet music will be sent ahead for you to practice prior to the reunion weekend.
- There will be a \$40 fee to cover expenses; including the Gala dinner at NCHS on Saturday evening.
- There will be a \$25 fee for any additional guest attending the Gala dinner.

_____ \$40 for Madrigal attending the weekend

_____ \$25 per guest at the dinner on Saturday

_____ Additional (tax deductible) contribution to the weekend

_____ Total Checks should be made payable to: NCHS Choral Fund

Mail checks to: Mrs. Mary Runestad
716 Ponus Ridge Road
New Canaan, CT 06840

Questions?? Contact Mrs. Runestad
(203) 966-8518 or
Runestad@aol.com
