

REGISTRATION FORM
CORAL GABLES HIGH
CLASS OF '58

PLEASE PRINT CLEARLY

Name _____

Your Name at graduation _____

Spouse/Guest Name _____

Address _____ City _____ State _____ Zip _____

Phone(s) _____

Email Address _____

Please check: _____ I (we) will be staying at the Best Western Lakeside

Check in date: _____ Check out date: _____

_____ I (we) will be attending but not staying at the motel

I'm (we're) planning to be with the group on:

_____ Friday _____ Saturday _____ Sunday

Send your Registration Form along with your Registration Fee (\$25 per person) to cover the cost of the Hospitality Room to:

Janet Kilgard Barbour
8130 Sandpoint Blvd
Orlando, FL 32819

Check payable to:
CGHS '58
\$25 per person

November 5, 6, and 7, 2010

Best Western Lakeside
1-800-848-0801
Option #3 Coral Gables Class of 58 group block