

Florida Military School Association
“KNIGHTS RE -UNITED”
REUNION REGISTRATION 2019

Full Name _____

Graduation Class Year _____ Years Attended 19__ to 19 ____

Name for Nametag _____

Home phone _____ Business phone _____

Email _____

Mailing Address _____

City _____ State _____ Zip _____

Guests Names: _____
(as you want them to appear on nametags)

Registration fee: (\$60 per FMS cadet and \$40 for each guest prior to July 10th, 2019.) (Late fee of \$20 after July 10th)
(Each cadet registration includes a copy of the 2019 FMSA Directory)

PACKAGE A - CADET ONLY - _____ @ \$60 = \$ _____

PACKAGE B - CADET AND GUEST (SPOUSE) _____ @ \$100 = \$ _____

No refunds after July 15th.

TOTAL DUE = \$ _____

Deposit = \$ _____

Due by July 10th = \$ _____

Make checks payable to: *Florida Military School Assoc.*

Send to:
FMSA c/o Sue Elliott
PO Box 5
Pierson, FL 32180

I would like to volunteer to help with _____

I have made a donation of _____ to be used to enhance the reunion for everyone