

REUNION REGISTRATION FORM

Event Location: _____ Contact Email: _____

Registrant Information:

Full Name: _____

Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact:

Name: _____

Relationship: _____

Phone: _____

Registration Details:

Event Selected: _____

Number of Guests: _____

Special Accommodations or Dietary Restrictions: _____

Terms and Conditions:

By submitting this Registration Form, the Registrant acknowledges and agrees to the following terms: Registrant certifies that all information provided herein is true and accurate. Registrant agrees to abide by all rules, safety protocols, and instructions provided by the event organizers. The event organizers and venue shall not be held liable for any injury, loss, or damage incurred during participation. Registrant consents to the use of photographs and recordings for promotional purposes. Registrant may be required to provide proof of identity upon request. Cancellation and refund policies are subject to the event's official guidelines. This Agreement shall be governed by the laws of the United States of America, without regard to conflict-of-law principles.

Acknowledgment and Signature:

I certify that I have read, understand, and agree to the Terms and Conditions above.

Registrant's Signature

Date

Signature: _____

This Registration Form is a legal document. By signing, the Registrant agrees to all terms herein. If any provision is found invalid or unenforceable, the remainder shall remain in full force and effect.

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