

# CSJ 1960 Reunion Event Registration Form

Name: .....  
(First) (Maiden) (Last)

CSJ Name: .....

Email address: ..... Phone: .....

Address: .....

.....  
(City) (State) (Zip Code)

*Updates:*

*Interests:*

*Memories:*

**Registration:** Please check which event/s you will attend:

- Thursday evening, August 26th
- Friday, August 27th
- Reserve a room at Carondelet Center (former novitiate)
  - Thursday night
  - Friday night

*Reminder: we will have a pizza supper on Friday for those who wish to stay.*

- Unable to attend; please send me a booklet