



Reunion Form

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Date: _____

Family Name or Class Of: _____

Reunion Date: _____

Location: _____

Hosts: _____

Present: _____ # Total: _____ # of Reunion _____

Oldest Attended: _____ Youngest Attended: _____

Who came the farthest and where were they from:

In Memory Of:

Name of person completing form: _____

Phone Number: _____

Email: _____

Information on this form will be published one time in the Charles City Press for \$7.
Payment must be made first before Reunion will be published.
See page 2 for optional information

Date paid: _____

CA/CK/CC: _____

Initial: _____

