Questions?
Call 770-428-1062
or 706-862-2169 .

34th Annual CJL Reunion
June 4-6, 2010

Committee Use Only		
	Paid	Owe
Reg.		
Meals		
Arrival		
Tent		

Please return this registration form and donation plus meal costs by May 21, 2010, to CJL, PO Box 5113, Marietta GA 30061. After that date, send it to 321 Camp Juliette Low Rd, Cloudland GA 30731. Make checks payable to Camp Juliette Low.

☐ YES, I will attend the reunion. Enclosed is $20 registration and Alumnae Association donation.

☐ NO, I will not be able to attend the reunion. Enclosed is $_____ donation to cover alumnae mailings and contributions to camp.

PERSONAL INFORMATION	
Name (first, maiden, last)	Husband's Name:
Address	
City, State, Zip:	e-mail address:
Home phone:	Work Phone:
Years you attended CJL: Camper CIT Staff	
Reunion arrival date: FRIDAY SATURDAY	Approximate Time:

Your Children's Names (please list all your children):	Date of birth	Sex	Staying which nights?	Attending 1st session?
Others Attending Reunion With You:	Age	Sex	Staying which nights?	Attending 1st session?

Meals (specify number of persons eating each meal):	ADULTS	CHILD (6-11)	CHILD (0-5)
Friday Dinner			
Saturday Breakfast			
Saturday Lunch			
Saturday Dinner			
Sunday Breakfast			
Total number of meals	x $4.50	x $2.50	x $1.50
TOTAL MEAL COST (please include check with this form)	$	$	$

News about yourself - graduation, marriage, children, promotions, etc. Attach another piece of paper or photographs if you'd like!