

Marymount Centennial Reunion Registration Form



Attendee(s): Name as you would like on your name tag. Please include maiden name.

Name _____

Year graduated or year(s) attended _____

Name _____

Year graduated or year(s) attended (if applicable) _____ Guest

Address _____

Cell # _____ Home # _____

E-Mail _____

EVENT	PRICE	#ATTENDING	AMOUNT DUE
Friday Social Gathering	\$25.00		
Saturday Golf Outing	Pay at Course		NA
Downtown Salina Tour	Free		NA
MMC Campus Tour	Free		NA
Saturday Class Luncheon	Self Pay		NA
Saturday All School Mass	Free		NA
Saturday Banquet	\$40.00		
		TOTAL DUE	\$

Fees for the events are not tax deductible.

Saturday Banquet at Tony's Pizza Event Center (TPEC)

Please initial your meal choice(s):

Chicken Piccata _____ Roasted Beef _____ Seared Salmon _____

Mail Registration Form and check made payable to: Marymount College Alumni Association

Marymount Centennial Reunion
c/o John Quinley
910 Oak Lane
Salina, KS 67401

Must be postmarked by **9/23/22**. No refunds after **9/28/22**.

Welcome Home!