

EFA REUNION REGISTRATION
September 30- October 2 2016 Tappahannock VA

Please complete and return by September 19, 2016

Member Name:

First Middle Last
Address: -----

Phone: Fax: -----

Email: -----

FAMILY LINE – PLEASE CIRCLE ONE

George 3 Other George 2 William 2 Charles 3 Richard 3 Burdett 3
Rebecca 3 John 3 Sarah 2 Eliz Kenner 3 Francis K 3 Geo T 3
Rebecca 3 K Rodham 3 Mary Ann 3 Katherine 3 Margaret 3 Susannah 3
Anne Aylett 3 Mary Aylett 3 Thomas Steptoe 3 William Steptoe 3 James Steptoe 3
George Steptoe 3 Delaware Friend Unknown

PLEASE LIST ALL ATTENDING:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Please list the names of those attending with you so your name tags will be ready upon arrival & please list children's ages

# of Persons	Event	Cost per Person	Total Cost
_____	Friday Night Reception	\$10	_____
_____	Annual Meeting with lunch includes afternoon activities	\$25	_____
_____	Saturday Dinner Pay for your own	\$0	_____
	Total Enclosed		_____

mail this completed form and your check payable to EFA to:
Fran Markowski EFA PO Box 102 Ocean View DE 19970 By September 19 2016 Please