

Cofer/Coffer Reunion 2020 Registration Form

Please mail completed registration form along with payment to:

Cofer/Coffer Family
 P O Box 8106
 Tyler, Texas 75711

Please list primary contact person first.

	Name	Age	Email (preferred) or Phone Number
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Individual Rate: No. _____ x \$45.00 = \$ _____

Family of 5 Rate: No. _____ x \$120.00 = \$ _____

Additional Child over age 5 No. _____ x \$5.00 = \$ _____

TOTAL AMOUNT \$ _____

Thank You!