



CAREY/CARY Annual Family Reunion Registration Form

October 15-16, 2016

Nabb Research Center for Delmarva History and Culture
Academic Commons, Salisbury University
Salisbury, MD 21801

Name(s), Address: _____

E-mail: _____ Cell: _____
Home: _____

Carey/Carey Family membership, 2016-2017 @ \$10, Individual/Family Sub-total \$ 10
(subject to existing 2016-7 membership)

Box Lunch (see choices) & Program: Adults (\$15 each) Number _____ Sub-total \$ _____

Box lunch includes choice of sandwich or salad, whole fruit, chips, canned soda or water, and two cookies. Indicate choice and number:

Turkey____ Roast Beef____ Tuna____ Ham & Swiss____ Vegetarian Salad____

Preferred: _____Water _____Soda _____Diet soda

Program only, with membership (without box lunch): Adults (\$10 each) Sub-total \$ _____

Check enclosed, payable to *Carey/Cary Family* TOTAL \$ _____

Do you (tentatively) plan to join the group for dinner Saturday evening at a local restaurant, ordering from the menu?

Circle: Yes/No If yes, # of adults _____ # of children _____

Do you plan to attend Sunday service at Carey's Church? Circle Yes/No If Yes, # _____

Mail registration form so it is received by October 8, 2016.

Send to: Carey/Cary Family, 2661 Legends Way, Ellicott City, MD 21042-2257

Questions? Call or text Niel at (cell) 410.530-8298 or E-mail: enielcarey@aol.com