



**BURT HIGH SCHOOL
REUNION ASSOCIATION
Reunion Registration Form**

Name _____
 (Print) (First) (Maiden) (Last)

Address _____

City, State, Zip Code _____

Phone# _____ **Alt Phone #** _____

Email Address: _____

Class of _____

 Registration Location: Thursday, July 4, 2024, 10:00AM to 2:00PM TownePlace Suites by Marriott, 120 Fair Brook Place, Clarksville, TN 37043

Reunion Registration:

_____ Full Reunion Packet **\$180.00, All Registration & Purchase of Individual Tickets for the 2024 Reunion MUST BE RECEIVED BEFORE JUNE 20, 2024**

Individual Event Tickets:

_____ BHSR Hospitality Hour \$10.00 Number of Tickets _____

_____ BHSR Scholarship Banquet \$70.00 Number of Tickets _____

_____ BHSR Black & Gold Ball \$65.00 Number of Tickets _____

_____ BHSR Tiger Luncheon \$50.00 Number of Tickets _____

Total Amount Enclosed \$ _____ Wheelchair or other Assistance Needed _____

Make checks payable to: **BHS Reunion Association**

Mail to: **P. O. Box 436
Clarksville, TN 37041**

**You may register online: bhsra.org, go to the registration tab
REGISTRATION DEADLINE JUNE 20, 2024**