



Hornsby Family Reunion



PLEASE FILL OUT THIS PAGE AND MAIL IT IN OR
GIVE US THE SAME INFORMATION IF YOU E-MAIL OR CALL.

Name: _____

Please print clearly.

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ e-mail: _____

Names and ages of children:

(We want them to have name tags too. We need the ages to know how many to plan activities for)

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Do any of the members of your family require special accommodations for parking or otherwise?

If so, please let us know what we can do to help _____

Are you purchasing raffle ticket? If so, how many? _____ check no. _____ amount \$ _____

Have you sent your family recipe? _____ What is the name of the recipe(s) _____




RSVP:

hornsbytapestry@aol.com

512-629-3190

**Dorothy Landoll
Reunion Chairman
114 Greenslope Cv
Bastrop, TX 78602**

Please make copies of this page if you wish additional raffle tickets.

 Name _____ \$1 each
Street Address _____ or 6 for \$5
City _____ State _____ Zip _____ TARTAN
Phone _____ e-mail _____ SCARF

Make check payable to: Reuben Hornsby Chapter, DRT. Need not be present to win.
Mail to: Dorothy Landoll, 114 Greenslope Cv, Bastrop, TX 78602

Name _____ \$1 each
Street Address _____ or 6 for \$5
City _____ State _____ Zip _____ TARTAN
Phone _____ e-mail _____ SCARF

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