Contact Person (CP)			_Group of	Date				
Address		City	State	Zip				
Phone	Email		N	O REFUNDS.				
CP's are requested to pick up table packets $8:00 \text{ am} - 10:00 \text{ am}$ at Maile Room on Saturday, Sept. 5. Circle number if person is disabled. New Member pays: \$40 banquet + \$10 membership fee = \$50.								

	\$40	\$40	\$40	\$50	\$50	Amount	Check
Please make payment payable to LACA.				New	Non-	Enclosed	Number(s)
	Alumni,	Member,	Community,	Member	Member		
	Class of	spouse	Supporter		or Guest		
For name tags: Write your first, maiden, last name.							
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Mail to: LACA LV Chairman	\$	\$	\$	\$	\$		
PO Box 515, Pearl City, HI 96782							