

**Harrison-Jenkins Family Reunion
July 12 – 14, 2024, Washington, DC**

Reunion Registration Form

Your Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Home Number: _____ Cell: _____

Your Personal Email Address: _____

Please circle your **preferred method** to receive family reunion information: **Email** or **US Mail**

Registration Prices

- Adults (Ages 14 and above): \$140.00
- Children Ages 8-13: \$75.00
- Children Ages 5-7: \$40.00
- Children 4 and under: Free

**Payment Due by June 30, 2024
You May Cancel Up to June 15th**

Price includes: Friday evening’s meet & greet and food, Saturday’s African American Museum chartered bus ride, game night activities, and the buffet dinner.

Please list the names of family members who will be attending and check the appropriate age group. **Also, please let us know if the family member will be joining us on the bus ride to the museum by placing a Y (Yes) or N (No) in the last column.** Feel free to use additional pages.

Name	Adults (14 & Above)	Ages 8-13	Ages 5-7	Ages 4 & under	Total Due	African American Museum (Y/N)
TOTAL						

Dietary requests/Food Allergies: _____

Payment can be made in multiple ways: 1) Mail this form and your check or money order made payable to Jeffrey Banks or 2) Zelle your payment using **301-338-3453**, a copy or picture of this form must be submitted to HJFRDMV@gmail.com at the same time you make your payment.

Mr. Jeffrey Banks
P.O. Box 90893
Washington, DC 20090