

THE TRIPP-JONES FAMILY

FAMILY REUNION

REGISTRATION FORM

Official registration form — one per family party — managed by the Reunion Host & Secretary

TRIPP-JONES FAMILY REUNION — OFFICIAL REGISTRATION FORM		
Reunion Year: _____	Location: _____	Dates: _____

Registration Deadline: _____	Contact: _____	

SECTION 1 — PRIMARY CONTACT

Field	Response
Full Name	
Relationship to Tripp-Jones Family	
District	<input type="checkbox"/> Americus <input type="checkbox"/> Florida <input type="checkbox"/> Atlanta <input type="checkbox"/> DMV <input type="checkbox"/> Other: _____
Mailing Address	
City / State / ZIP	
Phone (Primary)	
Phone (Secondary)	
Email Address	
Preferred Contact Method	<input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email

SECTION 2 — ATTENDEES

List every person attending under this registration. Include yourself.

#	Adult / Child	Full Name
1.	<input type="checkbox"/> Adult (18+) <input type="checkbox"/> Child (under 18, Age: ____)	
2.	<input type="checkbox"/> Adult (18+) <input type="checkbox"/> Child (under 18, Age: ____)	
3.	<input type="checkbox"/> Adult (18+) <input type="checkbox"/> Child (under 18, Age: ____)	
4.	<input type="checkbox"/> Adult (18+) <input type="checkbox"/> Child (under 18, Age: ____)	
5.	<input type="checkbox"/> Adult (18+) <input type="checkbox"/> Child (under 18, Age: ____)	
6.	<input type="checkbox"/> Adult (18+) <input type="checkbox"/> Child (under 18, Age: ____)	
7.	<input type="checkbox"/> Adult (18+) <input type="checkbox"/> Child (under 18, Age: ____)	
8.	<input type="checkbox"/> Adult (18+) <input type="checkbox"/> Child (under 18, Age: ____)	

Count	Number
Total Adults (18+)	
Total Children (6–17)	

Count	Number
Total Children (Under 6)	
TOTAL ATTENDEES	

SECTION 3 — DIETARY & ACCESSIBILITY NEEDS

Need	Details
Food allergies (list all)	
Dietary restrictions	<input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Gluten-free <input type="checkbox"/> Halal <input type="checkbox"/> Other: _____
Mobility or accessibility needs	
Other special accommodations	

SECTION 4 — MERCHANDISE (IF APPLICABLE)

Complete this section only if the host is offering reunion merchandise.

Item	Quantity & Cost
T-Shirt — Adult S	Qty: _____ × \$ _____ = \$ _____
T-Shirt — Adult M	Qty: _____ × \$ _____ = \$ _____
T-Shirt — Adult L	Qty: _____ × \$ _____ = \$ _____
T-Shirt — Adult XL	Qty: _____ × \$ _____ = \$ _____

Item	Quantity & Cost
T-Shirt — Adult 2XL+	Qty: _____ × \$ _____ = \$ _____
T-Shirt — Youth	Qty: _____ × \$ _____ = \$ _____
Other item: _____	Qty: _____ × \$ _____ = \$ _____
MERCHANDISE SUBTOTAL	\$ _____

SECTION 5 — PAYMENT

Payment Field	Details
Registration fee (adults)	_____ adults × \$ _____ = \$ _____
Registration fee (children 6–17)	_____ children × \$ _____ = \$ _____
Children under 6	Free
Merchandise subtotal	\$ _____
TOTAL AMOUNT DUE	\$ _____
Amount Enclosed / Paid	\$ _____
Payment Method	<input type="checkbox"/> Cash <input type="checkbox"/> Zelle/Venmo: _____ <input type="checkbox"/> Other: _____
Payment Date	
Check Number (if applicable)	

SECTION 6 — EMERGENCY CONTACT

Field	Details
Emergency Contact Name	
Relationship	
Phone Number	

SECTION 7 — NOTES & SPECIAL REQUESTS

Official Use Only

Field	Record
Registration Received by	
Date Received	
Payment Confirmed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receipt Issued	<input type="checkbox"/> Yes <input type="checkbox"/> No Receipt #: _____
Dietary Needs Logged	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Added to Family Directory	<input type="checkbox"/> Yes <input type="checkbox"/> Already listed