

History Museum Tour _____ We would like to know how many are planning to attend in order to make arrangements for one or more tour groups.

Total \$ _____

Please Complete and Print This Registration and submit with your payment

☒ Check ☐ Money Order

Make your check payable to and mail your check and registration form to:

GFHS Class of 1970
C/O MENDE KLOPPEL
3610 6TH Avenue South
Great Falls, MT 59405

NAME: _____

ADDRESS: _____,

TELEPHONE NUMBER: _____

CELL NUMBER: _____

email address _____

A late fee of \$10 per person per event will be accessed for any registrations received after JULY 3, 2015