

ARWW Family Reunion  
**REGISTRATION FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Tel# \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

**2026 REUNION FEE LIST  
DEADLINE –MAY 31, 2026**

<b>Ages 0-3</b>	<b>Free</b>
<b>Ages 4-12</b>	<b>\$60.00</b>
<b>Ages 13-17</b>	<b>\$85.00</b>
<b>Ages 18+</b>	<b>\$135.00</b>

Please list all names and ages below of family members who will be attending the reunion, as well as their T-shirt size (sm., m, L, 1X, 2X, 3X, 4X):

Name	Age	Cost	T-Shirt Size
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

TOTAL AMOUNT PAID \_\_\_\_\_

Please return all completed forms and fees by **May 31, 2026**, to one of the below listed addresses. All checks or money orders should be made payable to the **ARWW Family Reunion-SC Chapter** and postmarked on or by May 31. **No refunds** will be given. **No personal checks after the deadline.**

Mildred C. Wells  
1044 Dr. Mary McLeod Bethune Rd.      OR  
Mayesville, SC 29104

Fredia D. Smith  
209 E. Moore St.  
Sumter, SC 29150