

REGISTRATION/INFORMATION REQUEST FORM

LACEFIELD FAMILY REUNION • FT. LAUDERDALE, FL • JULY 31 - AUG 3, 2025

Date: _____ Descendant of _____

Name _____ Birthday _____

Mr./Mrs./Ms. First Middle Maiden Last (Month/Day/Yr)

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Email Address 1 _____ Social Media _____

Spouse /Significant Other _____ Years Married _____

Children Attending Reunion

First Name	Last Name	Age	Birthday
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First Name	Last Name	Age	Birthday
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First Name	Last Name	Age	Birthday
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First Name	Last Name	Age	Birthday
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FEES

Before June 26, 2025

After June 25, 2025

	Fee	Quantity	Total	Fee	Quantity	Total
Registration – Adults (each)	\$120	_____	_____	\$130	_____	_____
Registration – Children (6-15)	\$60	_____	_____	\$65	_____	_____
Registration – Children (3-5)	\$0	_____	_____	\$0	_____	_____

T-Shirts (see other side of registration form) _____

Total Enclosed _____

Total Enclosed _____

Checks (Cashiers or Certified Only) or Money Orders Payable To: Patricia Bryant
OR
Payments can also be made using Zelle (FlaLacefield25@gmail.com) or Cash App (\$Pat1852)

When completed, please mail registration and fees to:

Lacefield Family Reunion, c/o Patricia Bryant , 400 NE 195th St., Miami, Florida 33179

Questions may be directed to:

Patricia Bryant 786-208-9773 (cell) or FlaLacefield25@gmail.com

____ I will not be able to attend the 2025 reunion, but please send me information about future events.

T-SHIRTS ORDER FORM

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Size	Quantity	Total	Size	Quantity	Total
Child S	_____ @ \$15 each		Adult M	_____ @ \$20 each	
Child M	_____ @ \$15 each		Adult L	_____ @ \$20 each	
Child L	_____ @ \$15 each		Adult XL	_____ @ \$20 each	
Child XL	_____ @ \$15 each		Adult XXL	_____ @ \$23 each	
Name (s):				Total Amount	

Enter total amount paid on Registration Form on the other side of sheet.