

Registration Form

Names of those attending: _____

If you know from which child of Andreas Killian you descend, please provide:

___ Margaret ___ Leonard ___ John ___ Jean ___ Crate ___ Andrew ___ George
___ Brinia ___ Daniel ___ Samuel ___ Christiana ___ Elizabeth

Is this your first time attending the Andreas Killian Family Reunion? ___yes ___ no

Mailing Address: _____ City: Catherine State: _____ Zip: _____

Email Address: _____

Phone Number: Home (____) _____ Cell (____) _____

Please check (x) your preferences below for the events you would like to attend:

Friday

- ___ Dinner and Lecture on Margaret Killian & Michael Price Saturday
___ Interview with Andreas Killian and Children!/Book Dedication/Wreath Ceremony, Old St. Paul's Church
___ Elmer Killian's Private Museum
___ Andy Killian's Private Auto Collection Tour
___ Catawba County Museum of History
___ Murrays Mill
___ Bunker Hill Covered Bridge
___ "Route to Roots", Tour of Killian sights in Germany by Dan Sipe
___ Genealogy Workshop
___ Business Meeting
___ Cemetery Night Photography at Mt. Zion Lutheran Church Sunday
___ Catered Lunch at Mt. Zion Church followed by DNA Discussion

Reunion Cost:

Sunday Catered Lunch...\$10/plate = \$ _____

T Shirts:

Qty: ___ Small @ \$10 each = \$ _____

Qty: ___ Medium @ \$10 each = \$ _____

Qty: ___ Large @ \$10 each = \$ _____

Qty: ___ X Large @ \$10 each = \$ _____

Qty: ___ XX Large..... @ \$10 each = \$ _____

TOTAL ENCLOSED.....\$ _____

Mail Registration Form with check or money order payable to: Andreas Killian Historical Association
to: c/o Sandra J. Phillips, Treasurer, 16310 Barcica Lane, Cornelius, NC 28031

****Registration must be received by Monday, August 27th 2009****