PLEASE RETURN THIS FORM NO LATER THAN APRIL 15, 2010

2007 SRD Registration & Participation Form **Chapter Name: TOPS # MO** _____

Contact Person: _____ Phone: _____ Email: _____

List everyone who is attending SRD as well as all events each person is participating in. Please print all information that is requested.

Be certain that you complete all information requested for each category. Review completed form with chapter and make a copy before submitting.

Please mail to: Joan Teder 2508 Droste Rd St. Charles, MO 63301 Make chapter checks payable to: MO SRD Fund

Name Of Member (Please print)	Chapter Royalty	KOPS						Officers Parade	Past State Royalty	Baggy Clothes	Before size	After size	Century	
		Grad	#'s Lost to Goal	**Alumni**	Years	**Longevity**	Years						New	Alumni

Make additional copies of this form if additional space is required.

Total # of registrations: _____ **Hospitality Room Table:** _____ **yes** _____ **no**

at $30.00 x$30.00 (After April 15, 2010 and at door: $35.00)

Total for Registrations: _____

Total for Shirts _____ **Total Enclosed:**_____ **Check #**_____

Total for Promo Items _____