

2020 Dixon Powell Family Reunion
1221 Hawthorne Lane
Lawrenceburg, Kentucky 40342

Dear Family,

The committee for the 2020 Dixon Powell Family Reunion is happy to announce that we have been diligently working to make this year's family reunion a success! Please register today! This year's family reunion will take place in Lawrenceburg, Kentucky, July 31st thru August 2nd, 2020.

REGISTRATION:

Registration fees are needed ASAP in order to secure tents, equipment, supplies, shirts, food, beverages etc. Please go to our website and register www.dixonpowellfamily.org Please register as soon as possible so we can get an accurate head count and please get the word out. You do not have to pay now in order to register. To mail a payment, make checks payable to Cornell Galbreath and mail to PO Box 222, Rex, GA 30273. You can call Andre Davis at 609-314-6028, Angela Moss at 859-312-2848, Yvette at 678.531.1755 or Everett Powell at 317-501-4570. You can also email any questions to dixonpowellfam@gmail.com

REGISTRATION COST:

Adults 19 and older: \$65.00 (includes t-shirt)

Children 10 to 18 \$40.00 (includes t-shirt)

Children 9 and under free (includes t-shirt)

HOTEL:

There are two hotels close to the family reunion site. Hampton Inn located at 1310 US 127 South, Frankfort, KY 40601 and phone number is 502-223-7600. Also Best Western at 200 Plaza Drive, Lawrenceburg, KY 40342 and phone number is 502-839-3444.

ITINERARY:

DATE	LOCATION	ACTIVITY
July 31st	1221 Hawthorne Lane, Lawrenceburg, KY	Fish Fry
August 1 st	1221 Hawthorne Lane, Lawrenceburg, KY	Family BBQ, Swimming, Picnic & Fun
August 2nd	1221 Hawthorne Lane, Lawrenceburg, KY	Breakfast, Business Meeting, Farewell & Hugs!

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REGISTRATION FORM

(THIS FORM CAN ALSO BE COMPLETED ONLINE AT www.DixonPowellFamily.org)

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Email: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Male _____ Female _____

Date of Birth: ____/____/____ Age: _____

Other Family Members You're Bringing (if applicable)

First Name	Last Name	Date of Birth	Age	Relationship to You
1. _____	_____	____/____/____	____	_____
2. _____	_____	____/____/____	____	_____
3. _____	_____	____/____/____	____	_____
4. _____	_____	____/____/____	____	_____
5. _____	_____	____/____/____	____	_____

Total Number in Your Party Age 19 and Older: _____ (FEE IS \$65 PER PERSON)

Total Number in Your Party Age 10 to 18: _____ (FEE IS \$40 PER PERSON)

Total Number in Your Party Age 9 or Younger: _____ (THIS AGE GROUP IS FREE)

Shirt Sizes:

Adult (enter the number of each size needed)

Small _____ Medium _____ Large _____ XL _____ XXL _____ XXXL _____ 4X _____ 5X _____

Children (enter the number of each size needed)

Small _____ Medium _____ Large _____ XL _____

Favorite Hobbies: _____

Favorite Color: _____

Favorite Food: _____

Occupation or Occupational Desires: _____

*To pay registration fees, make check payable to Cornell Galbreath and mail fees to Cornell Galbreath PO Box 222, Rex, GA 30273. You can complete this form and email it to dixonpowellfam@gmail.com. Questions or concerns, send email to dixonpowellfam@gmail.com or call Everett 317-501-4570 or Yvette 678-531-1755. You can also send this form by regular mail along with your payment to Cornell Galbreath, PO Box 222, Rex, GA 30273