

# H O M E C O M I N G

## TSC 3rd ANNUAL HOMECOMING LUNCHEON (Scholarship Fundraiser)

TO: TSC Family & Friends

RE: TSC HOMECOMING LUNCHEON

- **WHEN:** Saturday, October 26, 2019
- **WHERE:** Harborside International Golf Course  
11001 S. Doty Ave, Chicago, Illinois 60629
- **TIME:** 12:00 PM until 4:00 PM
- **COST:** \$50.00 Per Person (reserved tables for eight are available)
- For eight guests sending their registrations in together, a TSC table will be reserved

**NOTE:** Please complete *the "tear off section"* below and return it, along with your check or money order. If you have any questions, you may contact: **Isaiah Curry @ (312) 218-7859**.

We must receive your payment by Monday, October 14, 2019

**ADDITIONAL GUEST NAMES SHOULD BE INCLUDED ON REVERSE SIDE OF THIS FORM**




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### REGISTRATION FORM FOR: TSC 3rd Annual Homecoming Luncheon, Saturday, October 26, 2019

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Check one meal choice:            **Chicken**                    **Salmon**                    **Beef**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Check one meal choice:            **Chicken**                    **Salmon**                    **Beef**

Number of Persons Attending \_\_\_\_\_ @ \$50.00 per person                    = \$ \_\_\_\_\_

CHECK OR MO # \_\_\_\_\_ TOTAL AMOUNT ENCLOSED:                    = \$ \_\_\_\_\_

Make Check or Money Order Payable to: **The Simeon Connection**

Send this form & payment to:

TSC – Homecoming Luncheon

P.O. Box 4577

Chicago, IL 60680

Isaiah Curry – 312-218-7859

Velma Curry – 312-218-7860

**PAYMENT CAN ALSO BE MADE BY: PAY PAL on The Simeon Connection**

**website: [thesimeonconnection.org](http://thesimeonconnection.org).** There is a Service Charge Fee of \$5.00 for this convenience.

Approved by: The Simeon Connection

Isaiah Curry, Chairman



**ADDITIONAL GUEST NAMES:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
**Check one meal choice:            Chicken            Salmon            Beef**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
**Check one meal choice:            Chicken            Salmon            Beef**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
**Check one meal choice:            Chicken            Salmon            Beef**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
**Check one meal choice:            Chicken            Salmon            Beef**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
**Check one meal choice:            Chicken            Salmon            Beef**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
**Check one meal choice:            Chicken            Salmon            Beef**

**DISCLAIMER:**

**I HEREBY ASSUME ALL THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES**

**ASSOCIATED WITH THIS EVENT.**