



## The Dozier Seventeenth Family Reunion – 2018

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1034 Landon Place Dr, Columbia, SC 29229 ♦ Email: [smallsnm@outlook.com](mailto:smallsnm@outlook.com) ♦ (803) 530-5311

Hello Family,

The 2018 Dozier Family Reunion Committee is thrilled to invite you to the Queen City, Charlotte, NC. This year, we will gather for food and fun in one of the fastest growing cities in America! We will indulge in local cuisine and reconnect with loved ones as we explore the historic Queen City. It's sure to be a royal affair!

👑 **Date:** August 2-5, 2018

👑 The host hotel is **Residence Inn City Center**

- 220 East Trade Street, Charlotte, NC 28202  
1-704-348-4002
- Residence Inn Room Rate:
  - Studio King Suite: **\$139/night** (plus taxes and fees)
  - Two Bedroom Suite: **\$199/night** (plus taxes and fees)
- Please reserve rooms by 5:00pm EST on **July 3, 2018**

👑 Registration is due by Friday, **July 6, 2018**

👑 A bus will be departing from Salters, SC

- For more information, please contact Odell Bartelle at (843)558-5700.

Enclosed you will find the reunion itinerary, registration form, souvenir book form and expo sign-up sheet. Please return forms as soon as possible and keep in mind the due date, **July 6, 2018**.

We look forward to your participation.

Your 2018 Dozier Reunion Family Planning Committee,

Jean Dozier Gray  
Valencia Gray-Williams  
NéLorea Robinson

Navísala Smalls  
Tiffany Forrest-Smith  
Brittany Ellison  
Odell Dozier Bartelle

Nakeeah Bartelle Garland  
Norma "Rea" McAllister  
Kimberly Hawkins

# *Itinerary*

## ***Thursday, August 3, 2018***

- 👑 **5:00-9:00pm:** Registration/ Majestic Mixer  
Location: Hospitality Suite (*Host Hotel*)

## ***Friday, August 4, 2018 (T-shirt Day)***

- 👑 **12:00-3:00pm:** Queenly Cook-out  
Location: Freedom Park Pavilion  
1900 East Blvd, Charlotte, NC 28203

*EXPLORE CHARLOTTE*

## ***Saturday, August 5, 2018***

- 👑 **9:00am:** Sovereign Family Meeting  
Location: Hospitality Suite

*EXPLORE CHARLOTTE*

- 👑 **Optional Queen City Excursions** (You may choose one)

Excursion A: Carowinds  
(Additional \$40.00/person)  
*Transportation NOT included*  
Time: 12:00pm

Excursion B: African American History, Heritage & Happenings Tour©  
(Additional \$30.00/person)  
Time: 12:00-3:00pm

- 👑 **6:00pm:** Dozier Family Regal Business & Wellness Expo  
Location: Host Hotel

- 👑 **7:00-9:00pm:** Royal Family Supper
  - Residence Inn City Center
  - *220 East Trade Street, Charlotte, NC 28202*

## *Registration Form*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone #: \_\_\_\_\_

The Family Reunion costs are as follows:

	<b>Full Cost</b>	<b>Banquet Only</b>	<b>Option A Carowinds</b>	<b>Option B Tour</b>	<b>Total</b>
<b>Adult (Age 13-79)</b>	\$110.00	\$60.00			
<b>Number of Attendants</b>					
<b>Seniors (Age 80+)</b>	\$80.00	\$50.00			
<b>Number of Attendants</b>					
<b>Children (Age 5-12)</b>	\$80.00	\$50.00			
<b>Number of Attendants</b>					
<b>Registration Total</b>					\$

T-shirts are \$12.00 each for adults and \$10.00 each for children. Please indicate the number of each size you would like to order.

Adults:    \_\_\_ **S**    \_\_\_ **M**    \_\_\_ **L**    \_\_\_ **XL**    \_\_\_ **2XL**    \_\_\_ **3XL**    \_\_\_ **4XL**

Children:    \_\_\_ **S**    \_\_\_ **M**    \_\_\_ **L**

T-shirt Total :    \$ \_\_\_\_\_

**Make all checks payable to [Dozier Family Reunion](#) and mail to 1034 Landon Place Dr, Columbia, SC 29229.**

 **Total Enclosed \$ \_\_\_\_\_**

## *Attendant Information*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

<b>Full</b> (Check if attending entire reunion)	<b>Banquet</b> (Check if attending banquet only)	<b>Carowinds</b>	<b>Historic Tour</b>

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

<b>Full</b> (Check if Attending Entire Reunion)	<b>Banquet</b> (Check if attending banquet only)	<b>Carowinds</b>	<b>Historic Tour</b>

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

<b>Full</b> (Check if Attending Entire Reunion)	<b>Banquet</b> (Check if attending banquet only)	<b>Carowinds</b>	<b>Historic Tour</b>

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

<b>Full</b> (Check if Attending Entire Reunion)	<b>Banquet</b> (Check if attending banquet only)	<b>Carowinds</b>	<b>Historic Tour</b>

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

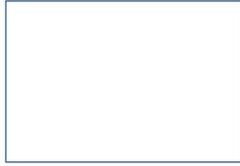
<b>Full</b> (Check if Attending Entire Reunion)	<b>Banquet</b> (Check if attending banquet only)	<b>Carowinds</b>	<b>Historic Tour</b>

# Souvenir Book Form

The souvenir book is a good place to acknowledge someone special, memorialize a loved one, make special announcements, advertise your business and so much more. Please consider submitting an entry for this year's publication and return the form and payment by **July 6, 2018.**



**Full Page: \$100**  
8.5" x 11"  
May include  
color photo



**Half Page: \$50**  
8.5" x 5.5"  
May include  
color photo



**Quarter Page: \$30**  
4.25" x 5.5"



**Business Card: \$20**

**Signature: \$10**  
*Example:*  
God Bless the  
Dozier Family!  
Love,  
John Doe

You may submit your entry electronically by emailing Jean Dozier Gray [jegray27@aol.com](mailto:jegray27@aol.com) or enclose scanner-friendly documents with your payment. ***Make all checks payable to Dozier Family Reunion and mail to 110 Runnymede Rd, Sumter, SC 29153.***

Advertiser's Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Message (Use reverse side if necessary):

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 **Total Enclosed \$** \_\_\_\_\_

## ***Business and Wellness Expo Vendor Form***

We are seeking vendors for the Business and Wellness Expo, which will take place before the banquet on Saturday, August 5, 2018. If you own a business or have a hobby to share, please complete the form below and submit by **July 6, 2018**. For questions, you may contact Kimberly Hawkins at (803)230-1866, [kghawki@comporium.net](mailto:kghawki@comporium.net).

Vendor's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Description of Exhibit (*Tables will be provided*):

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