

School Reunion Guest Registration

Full Name

Maiden Name (if applicable)

Email Address

Phone Number

Graduation Year

Class / Section

Mailing Address

Will you attend?

☐

Yes

☐

No

Will you bring a guest?

☐

Yes

☐

No

Dietary Restrictions

Activities Interested In

☐

School Tour

☐

Lunch/Dinner

☐

Sports Events

☐

Other

Message to Organizers

