

CHS CLASS OF 1972 ~ 45 YEAR REUNION



RESERVATION FORM

Make check payable to: CHS Class of 1972

Mail to: CHS Class of 1972

c/o Debbie McKesson

3085 Cowley Way, Unit 36 * San Diego, CA 92117

RESERVATION/PAYMENT DEADLINE: September 10, 2017

No tickets will be sold at the door.

I/We will be attending ONLY the Friday night Ice Breaker (\$10 per person) Yes [] No []

I/We will be attending ONLY the Saturday night event..... Yes [] No []

I/We will be attending BOTH EVENTS – Just can't have enough fun!..... Yes [] No []

Enclosed is my check or money order (do not send cash) for:

Table with 4 columns: Item description, Price, Purpose, and Amount. Includes rows for tickets (\$10, \$65, \$65), photo book, and a total enclosed row.

Alumni Name _____
First Name Last name in school Last name now

Guest Name (if any) _____

Graduate of CHS [] No [] Yes class of _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ email address _____

You will not receive a ticket. Your name will be on the registration list at the door along with your photo/name badge. If you provide your email address, you will receive email confirmation upon receipt of your payment.

If you are not able to attend, you may purchase a Reunion Photo Book and return your check with this completed form.

I/We are not able to attend the reunion but would like to help defray expenses and support future reunions. Enclosed is a donation for: \$ _____.