WTHS Class of '68 – 55th Year Reunion

Registration Form

Name of Classmate: _____

Address: _____

_____

E-mail Address: _____

Spouse/Guest Name: _____

May we publish this information in the Reunion Memory Book?

☐ YES ☐ NO

I will be attending (all attending the Friday or Saturday night events will receive a Memory Book at no additional cost):

Number Attending: _____

☐ Friday Night Mixer - $20 per person ($20 x _____ = _____)

☐ Saturday Night Event - $30 per person ($30 x _____ = _____)

If you cannot attend, but wish to purchase a Memory Book, the cost is $20.00 _____

Contributions

Contributions to the reunion are greatly appreciated. The committee's goal is to ensure that any classmate who wants to attend can attend. Your contributions will be acknowledged during the reunion. Thank you in advance for your kind consideration.

Contribution Amount: $ _____

Please make all checks payable to "Michael A. Sooley".

Total Amount Enclosed: $ _____

Please send this completed form, along with your check, to Michael Sooley, 1872 Happy Valley Road, Santa Rosa, CA 95409 by July 30, 2023