



Please return registration form by Monday, April 14th for preferred, reserved seating. Forms postmarked after April 14th with seating preferences will be accommodated if possible.

☐ I cannot attend, but please keep my name on the mailing list (cost is \$2; includes current program)

☐ Please remove my name from the mailing list

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

Maiden Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

☐ (Number) of **ITALIAN PRIMAVERA CAPRESE SALADS** @\$28.00 each..... \$ \_\_\_\_\_

☐ (Number) of **APPLE CRAISIN CHICKEN SCALOPPINI** @\$28.00 each..... \$ \_\_\_\_\_

☐ (Number) of **BRUSCHETTA WHITE FISH** @\$28.00 each..... \$ \_\_\_\_\_

☐ I would also like to support the WHSASF with a donation..... \$ \_\_\_\_\_

☐ I can't attend, but would like to support the WHSASF with a donation..... \$ \_\_\_\_\_

☐ Mailing List Only..... \$ 2.00

Total Enclosed..... \$ \_\_\_\_\_

If your mailing address has changed or if you would like to add someone to our database, please note it on the reverse side of this document.

**Mail checks payable to: WHS Alumni Luncheon to: Linda Bachowski, S49 W36885 PineView Dr, Dousman, WI 53118**

**Guaranteed preferred seating for all guests if form is returned by Monday, April 14th, 2014**

Include names of ALL people to be seated at your table. Tables seat 8, 10, or 12.

CURRENT NAME:

MAIDEN NAME:

CLASS: