



Please return registration form by Saturday, May 4, 2019 for preferred, reserved seating. No refunds possible for any reason after Sunday, May 12, 2019

Register online by visiting: Bit.ly/whs_social19

____ Please remove my name from the mailing list.

____ This is a new/changed address

First Name: _____ Last Name: _____ Class: _____

Maiden Name: _____ E-mail: _____ Phone: _____

Address: _____ City, State, Zip: _____

**Dietary needs can be accommodated.*

____ (Number) of WISCONSIN SALAD @ \$32 each \$ _____

____ (Number) of CHICKEN MARSALA @ \$32 each \$ _____

____ (Number) of CEDAR PLANK SALMON @ \$32 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. \$ _____

____ I can't attend but would like to remain on the mailing list \$ _____ 2

Total Enclosed \$ _____

Make checks payable to: WHS Alumni Luncheon

Mail to: Linda Bachowski, S49 W36885 Pine View Dr., Dousman, WI 53118

Guaranteed preferred seating for all guests if form is returned by Saturday, May 4, 2019.

If making multiple reservations, please indicate entrée choices of each person. Use reverse side.

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

Name

WHS Class _____

Maiden Name (If WHS)

Guest