



Please return registration form by Saturday, May 6th, 2017 for preferred, reserved seating. No refunds possible for any reason after Sunday, May 14th.

Register online by visiting: [bit.ly/whs\\_social17](http://bit.ly/whs_social17)

\_\_\_ 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: \_\_\_\_\_

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

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

*\*Dietary needs can be accommodated.*

\_\_\_ (Number) of BRUSHETTA WHITEFISH @ \$30.00 each .....\$ \_\_\_\_\_

\_\_\_ (Number) of MONTREAL CHICKEN & \$30.00 each .....\$ \_\_\_\_\_

\_\_\_ (Number) of VEGETARIAN STUFFED SHELLS @ \$30.00 each .....\$ \_\_\_\_\_

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

\_\_\_ I can't attend, but would like to support the WHSASA 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.

**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 6th, 2017**

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

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

CURRENT NAME:

SCHOOL NAME:

CLASS: