



Please return registration form by Tuesday, May 1, 2018 for preferred, reserved seating. No refunds possible for any reason after Sunday, May 13th, 2018

Register online by visiting: [Bit.ly/whs\\_social18](http://Bit.ly/whs_social18)

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

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

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

*\*Dietary needs can be accommodated.*

- \_\_\_\_ (Number) of WISCONSIN SALAD @ \$30.00 each ..... \$ \_\_\_\_\_
- \_\_\_\_ (Number) of ROAST TOM TURKEY @ \$30.00 each ..... \$ \_\_\_\_\_
- \_\_\_\_ (Number) of CEDAR PLANK SALMON @ \$30.00 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
- \_\_\_\_ Please remove my name from the mailing list. Total Enclosed ..... \$ \_\_\_\_\_

**Make checks payable to: WHS Alumni Luncheon**  
**Mail to: Linda Bachowski, S49 W36885 Pine View Dr., Dousman, WI 53118**

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**Guaranteed preferred seating for all guests if form is returned by Tuesday, May 1st, 2018**  
 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.

CURRENT NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_ CLASS: \_\_\_\_\_

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 In order to participate in celebrating our Purgolder family, please list below the names of your relatives who attended Washington

First	Maiden	Last	Relation	Yr. or Decade	Email

Use the back of this sheet to add more family information if needed (*please use same categories*).