



Please return registration form by Friday, May 5, 2023 for preferred, reserved seating. No refunds possible for any reason after Friday, May 12, 2023.

Register online by Friday, May 12, 2023 at [Bit.ly/whs_social23](https://bit.ly/whs_social23)

____ 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 CHICKEN SCALOPPINI @ \$40 each. \$ _____

____ (Number) of PARMESAN CRUSTED TILAPIA @ \$40each \$ _____

____ (Number) of HAWAIIAN CRUNCH SALAD @ \$40 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

Total Enclosed \$ _____

Make checks payable to: WHS Alumni Luncheon

Mail to: Linda Bachowski, S49W36885 PineView Dr., Dousman, WI 53118

Guaranteed preferred seating for all guests if form is returned by Friday, May 5, 2023. 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 Grad)

Guest