

Reunion Registration Form

Name _____ Class of _____

Guest(s) _____

Address _____ City _____ St/Zip _____

Telephone _____ Email _____

Reservations:

	No.	Total
Both Friday & Saturday evenings	_____ @ \$149.00 per person	\$ _____
Friday evening only	_____ @ \$65.00 per person	\$ _____
Saturday evening only	_____ @ \$95.00 per person	\$ _____
Donation to help defray expenses		\$ _____

Sub Total \$ _____

*In the event you need to cancel, do so before September 15th for a full refund.
After September 15th, refunds will be limited to 50% of ticket price.*

- - - - -

Memory Book & Memory CD Order Form

*Pre-ordered Memory Books and CDs will be in your packet at the Reunion.
If you are unable to attend the Reunion, we can mail the book to you.*

Memory Book (black& white)	_____ @ \$35.00 per book	\$ _____
Please mail my Memory Book(s)	_____ @ \$15.20 postage per book	\$ _____
Memory CD (color)	_____ @ \$15.00 per CD	\$ _____
Please mail my Memory CD(s)	_____ @ \$1.00 per CD	\$ _____

Sub Total \$ _____

Grand Total amount enclosed \$ _____

Please return reservations and/or order form to:

CHS Reunion
c/o Linda Brinkoetter
3943 W. Lane Ave.
Phoenix, AZ 85051