Connell High School 2009 Reunion
August 15th and 16th, 2009

REGISTRATION FORM

Registration form with payment, due by July 1, 2009 .

Please complete all requested information below:

CHS Student: _____Class of _____
(Include maiden name if applicable)

Spouse:_____Class of _____

Guest:_____ Guest:_____

Pioneer Park Luncheon:

Number Attending _____@ $9.00 each Total _____

Community Center Banquet:

Number Attending_____@ $30.00 each Total _____

No-Host Sunday Brunch:

Do you plan on attending the No-Host Brunch, if so, how many? _____

Please mail your registration form with payment to: **Connell Reunion Committee**
%Carolyn Chase
P.O. Box 932
Connell, WA 99326

BANQUET SEATING MAY BE LIMITED. SEATING WILL BE FILLED IN ORDER OF RECEIPT. DON'T DELAY SENDING YOUR REGISTRATION.

Important: Please include you current mailing and e-mail address

Mailing Address: _____

_____

E-Mail Address: _____

SEE YOU AT THE CHS REUNION!