

NHS REUNION 2010 REGISTRATION FORM

Last Name: _____ First Name: _____

If applicable, maiden name: _____

E-Mail: _____ Post e-mail address on web-site: Yes No

Address: _____ Graduated from NHS in _____

City: _____ State: _____ Zip: _____

Guest/ Spouse Last Name: _____ First Name: _____

Please complete **IF** an NHS Alumnus: Graduated from NHS in _____

If applicable, maiden name: _____

E-Mail: _____ Post e-mail address on web-site: Yes No

Event Registration:

Friday night events:	Football game - please pay at gate			
	Rotary Chili Supper (\$5 at door)	\$ 4 per person		\$ _____
Saturday events	Breakfast (\$7 at door)	\$ 5 per person		\$ _____
	Banquet (\$35 at door)	\$20 per person		\$ _____

Homecoming Mum Corsage \$10 each \$ _____
 Please indicate your choice of "N" or 2-digit year of graduation: _____

NHS Reunion t-shirt \$10 each \$ _____
 Size: _____ S _____ M _____ L _____ XL _____ XXL

Registration Fee - (Covers postage, printing and bands on Saturday night) \$ 5.00
 2nd person \$5 \$ _____

Laser engraved brick in NHS Memorial Fence \$30 per brick \$ _____
 Please provide brick information below.

TOTAL AMOUNT ENCLOSED \$ _____
(Checks should be payable to the NHS Alumni Association)

Laser engraved brick in NHS Memorial Fence order form
Line 1: _____
Line 2: Class of _____

REGISTRATION DEADLINE IS AUGUST 15, 2010

**MAIL TO: NHS ALUMNI ASSOCIATION
 PO BOX 400, NEOSHO, MO 64850**