

UNION HIGH SCHOOL

CLASS OF 1965

Registration Form

****Return Registration Form with payment by October 1st****

Yes, I will be attending No, I am not able to attend

Name (First, Last, Maiden): _____

Spouse / Guest's Name: _____

Address: (City, State, Zip): _____

Phone Number (Home): _____ (Cell): _____

Total Attending: _____ @ \$50.00/person. Total: _____

A Classmate Group Photo will be taken and will be available at the end of the evening. The cost is \$10.00 (prepaid) or \$12.00 (at the reunion). If you wish to prepay for the photo, please check below and add \$10.00 to your registration fee.

Yes, I am prepaying for a group photo: _____ @ \$10.00. Total: _____

Dinner Entrée Choice(s): _____ Chicken Picata / _____ Roasted Pork Loin

If you require a vegetarian dinner, please check here: _____

Total enclosed (dinner/s and photo/s): _____

Do you think you might attend the Sunday Brunch after the reunion? ____yes ____no

*Mail registration form and check payable to Cheryl Hulick and note "1965 class reunion."
170 Dinsmore Road, Burgettstown, PA 15021*

Please see additional information on insert and [please complete the questionnaire on the back of this registration form.](#)