

CVHS CLASS OF 1962

REGISTRATION FORM

NAME:

GUEST NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL:

HOME PHONE:

CELL PHONE:

NUMBER OF ATTENDEES:

___ RESERVATIONS MADE AT HOTEL

___ ARRIVING THURSDAY SEPTEMBER 13TH

___ WILL BE EATING AT LITTLE VENICE ON THURSDAY EVENING
ATTENDING ___

___ WILL BE ATTENDING THE PARTY AT LOST DOG CAFE ON FRIDAY
NIGHT
ATTENDING ___

___ I WOULD LIKE TO HELP ASSEMBLE THE GOODIE BAGS AND
SET UP THE PARTY ROOM.

___ WILL BE USING THE BUS ON SATURDAY
USING ___

___ WILL GOLF # OF GOLFERS ___
IF YOUR GUEST IS NOT GOLFING, PLEASE INDICATE IF THEY WILL
BE USING THE BUS.

___ WILL BE EATING AT SHARKEY'S
NUMBER ATTENDING ___
EATING SPIEDIES ___

___ WILL BE ATTENDING THE FOOTBALL GAME
___ #NUMBER ATTENDING

I WAS IN: ___ SPORTS ___ CHEERLEADING ___ BAND

___ I HAVE SOME PHOTOS I WANT INCLUDED IN THE SLIDE SHOW.
___ I WILL CONTACT DICK MARTZ TO SUPPLY THESE PHOTOS

LOST DOG CAFE \$25 x # attending _____

SATURDAY EVENING PARTY \$50 x # attending _____

TOTAL DUE: _____

PLEASE MAKE CHECK PAYABLE TO SANDY STOBER (OUR TREASURER).

MAIL THE COMPLETED FORM WITH YOUR CHECK TO LARRY FRIEND
AT:

15455 W. OAK SPRING RD.
LIBERTYVILLE, IL 60048

THANK YOU FOR YOUR PROMPT ATTENTION TO THIS MATTER.

WE'RE HOPING YOU WILL BE ABLE TO ATTEND.

FOR ADDITIONAL QUESTIONS PLEASE CALL:

847-573-9415 OR 773-489-1756

EMAIL: friendrealestate@comcast.net