Wellsboro High School Alumni Association

PO Box 727 Wellsboro, Pennsylvania 16901

139th Annual Alumni Banquet, May 28, 2016

Please return Registration Form by **April 15, 2016**, in the self addressed envelope enclosed. **PLEASE PRINT**.

Name: First Initial Maiden Name Last Name Class Year

_____ _____

Spouse's Name Spouse's Class Year if WHS Graduate

_____ _____

Address City State Zip

(_____) _____ _____

Telephone: include Area Code eMail

Please Support Your Alumni Association even if you are unable to attend the Banquet

Alumni Dues ($15.00 for each Alumni). . . . . $ **15.00**

Number _____ Reservations ($17.50 each) . . . . . $ _____

Additional Contribution For Scholarships & Alumni Projects . . .. $ _____

TOTAL ENCLOSED $ _____

Please make Check payable to: ***Wellsboro High School Alumni Association*** &
Return with Registration Form in the Envelope Provided

PLEASE SEND CLASS ACTIVITY MONEY & CLASS INFORMATION DIRECTLY TO YOUR CLASS AGENT