

*Wellsboro High School Alumni Association*

PO Box 727 Wellsboro, Pennsylvania 16901

**141st Annual Alumni Banquet, May 26, 2018**

Please return Registration Form by **April 15, 2018**, in the self addressed envelope enclosed. **PLEASE PRINT.**

_____				Name:
First	Initial	Maiden Name	Last Name	Class Year _____

Spouse/Partner/Guest's's Name _____	Class Year if WHS Graduate _____
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Address _____	City _____	State _____	Zip _____
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(____) _____	_____
Telephone: include Area Code	eMail

<b><i>Please Support Your Alumni Association even if you are unable to attend the Banquet</i></b>	
Alumni Dues (\$15.00 for each Alumni) .....	\$ <b>15.00</b>
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**