



CLASS OF 1970 REUNION REGISTRATION FORM



PLEASE PRINT OR TYPE

Reunion Class Member's Name (Add Maiden Name , if appropriate) _____

Address _____

City _____

State _____ Zip code _____

Phone (____) _____

E-mail Address _____

NAME TAG INFORMATION

Reunion Class Members Name (for the name tag) _____

Guest's Name (For name tag) _____

Meal/Event Reservations

Prices include tax and gratuities. Please indicate which of the following events that you will be attending and number of guests :

Friday Social Hour: \$10 x _____ = \$ _____

Saturday School Tour \$0 x _____

Saturday Evening Banquet \$40 x _____ = \$ _____

Please indicate any dietary restriction or if you would prefer a vegetarian option

EVENT TOTAL \$ _____

Donation to Lincoln Class of 1970 Scholarship Fund

Any amount you would like to contribute would be appreciated.

DONATION TOTAL \$ _____

TOTALS:

Event Registration Total: \$ _____

Contribution to Scholarship: \$ _____

TOTAL DUE: \$ _____

I would like to pay by (circle one) Check VENMO

Please make checks payable to: ALHS Class of 1970 Reunion Committee

MAIL TO: ALHS 55th Reunion Committee

c/o Deb Ostrem

915 Norwood Drive

Norwalk, IA 50211