

RESERVATION & PAYMENT ORDER BLANK (DETACH AND RETURN)

MAIL TO: **BHS ALUMNI ASSOCIATION FOUNDATION, INC. PO BOX 267, BERLIN WI 54923**

YEAR(S) OF GRADUATION _____

GUEST NAME(S): _____

FORMER NAME AT GRADUATION, IF DIFFERENT: _____

ADDRESS: _____

Include email address(es): _____ (for future mailings)

Banquet/Ceremony Reservations: How many _____ @ \$25.00 each Scholarship Fund \$ _____ Teacher Grant Fund \$ _____

TOTAL AMOUNT ENCLOSED \$ _____



Scan to purchase
ticket online



Scan to donate to
Teacher Grant
Fund



Scan to donate to
Scholarship Fund

PLEASE ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE WITH YOUR RESERVATION AND PAYMENT SO TICKETS CAN BE MAILED TO YOU IN ADVANCE.