

## REGISTRATION FORM

**COMPLETE AND RETURN THE REGISTRATION FORM BY: July 1, 2023**

MAKE CHECK (\$25.00\*- per person)                      Payable to: BUSHTON ALUMNI ASSOC

Mail Completed Registration Form To:

**BETTY DOHRMAN                      601 SOUTH 2nd STREET                      BUSHTON, KANSAS 67427**

------(cut here)-----

NAME \_\_\_\_\_ CLASS YEAR \_\_\_\_\_

ADDRESS \_\_\_\_\_ # OF TICKETS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

GUEST(s)(no limit) \_\_\_\_\_ \$\$ ENCLOSED \_\_\_\_\_

I AM INCLUDING A DONATION FOR THE SCHOOL SCHOLARSHIP FUND    \$\$ \_\_\_\_\_

"EXCEPTIONAL DIETARY REQUEST" (ie, vegetarian) \_\_\_\_\_

\*- ENTREE:: Baked Steak, potatoes, vegetable, salad, rolls, Tea/Water

subject to change as reunion date approaches (3/1/19)