

# **REGISTRATION FORM**

**COMPLETE AND RETURN REGISTRATION FORM BY July 1, 2025**

MAKE CHECKS (\$30.00 per person) Payable to **BUSHTON ALUMNI ASSOC.**

Mail completed Registration form to: **MYRA HABIGER 445 AVE E BUSHTON, KS 67427**

.....cut here.....

NAME \_\_\_\_\_ Class Yr \_\_\_\_\_ #tickets \_\_\_\_\_ \$\$ enclosed \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

\*EMAIL \_\_\_\_\_

\* Will be used for Reunion Information only. (Please print)

GUESTS Names \_\_\_\_\_

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

ENTRÉE: Baked Steak, potatoes, veg, salad, Tea/Water  
(subject to change as date approaches) (10/24)