

NATIONAL ALUMNI ASSOCIATION OF SABINE HIGH SCHOOL, Inc.
2024 CONVENTION REGISTRATION FORM
 FRIDAY, AUGUST 16 – Sunday, AUGUST 18, 2024

Please completed form, can be mailed with payment to NAASHS at P.O. Box 1473, Many, Louisiana 71449. For updated info visit www.NAASHS.org

PLEASE COMPLETE ALL FIELDS FOR OUR DIRECTORY, EVEN IF NOT ATTENDING

<input type="checkbox"/> Alumni	<input type="checkbox"/> Friend	<input type="checkbox"/> Family	Membership Fee: \$50			
Last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar / Div / Sep / Widow
Spouse (if attending):	Maiden name:	Years attended/graduated Sabine High:		Number of Children:	Number of Grandchildren:	
Street address:			Email:		Home phone:	
					Cell phone:	
City:		State:		ZIP Code:	Contact preference:	

Please visit NAASHS.org website for updates!

2024 ALUMNI WEEKEND!
Board Election (members only)

Please consider nominations to include self-nomination.

Yes, I plan to attend! There will be _____ of us. No, I can't attend this year.

Convention fees

General Scholarship Fund Donation (optional)

- | | |
|--------------------------------------|-------------------|
| • Membership fee \$50 _____ | Scholarship _____ |
| • Registration fee \$20 _____ | |
| • Meet and Greet \$20 _____ | |
| • Scholarship Ball & Gala \$75 _____ | |
| • Donation (optional) _____ | |

Total: _____

Total: _____

Schedule of Events

- Friday Aug. 16th Meet and Greet
- Saturday Aug. 17th Board Meeting and Election
- Saturday Aug. 17th Scholarship Ball & Gala

Feel free to share discussion topics for the Business meeting