



SCHS Alumni

Dinner Reservation & Information Form

Your Name: _____

Year of Graduation: _____

Spouse's Name: _____

Year of Graduation (if SC grad): _____

Address:

E-Mail Address: _____

Home Phone: _____ Cell Phone: _____

Cost is \$15 per person

Number of persons attending: _____ x \$15 ea. = \$ _____

Extra Donation: \$ _____

Check enclosed for: \$ _____

If attending, return form and check made payable to SC ALUMNI to:

Jane King-Bradley
418 Zenobia Rd.
Norwalk, OH 44857

DEADLINE for returning reservation form: **August 15**

If not attending, but wish to remain on the mailing list, please return this form.