

Class of 1998- Reunion Registration Form

If you plan on attending, completed registration forms with payment should be received no later than **Monday, June 23, 2008**. Please send forms to the following address:

HSHS Class of 1998 Reunion
P.O. Box 797
Coppell, TX 75019

Classmate Information

First Name

Middle
Initial

Last Name

Maiden Name
(if applicable)

Street Address

City

State

Zip

Home Phone

Work Phone

Mobile Phone

E-mail address

Will you be bringing a guest? Y
 N

If Yes, please complete the Guest Information area below.

Guest Information

Name

Check if address is same as above, if not please enter below

Street Address

City

State

Zip

Payment Information

Cost per person = \$50.00

Cost per couple = \$95.00

I have enclosed a **cashier's check** or **money order** payable to **HSHS Class of 1998** in the amount of _____.

*Personal checks or credit cards are **not** accepted.*

*Registration payments are fully refundable until **Monday, June 1, 2008**. No refunds will be given after that date. Please submit payment or refund inquires to: hshs98reunion@yahoo.com*

Signature/Date _____

Receipt of your registration will be acknowledged via email.