

**WASHINGTON HIGH SCHOOL
CLASS OF 1955 REUNION**

RESERVATION FORM

NAME _____ Jan ___ June
Last First Maiden

ADDRESS _____
STREET

CITY STATE ZIP

PHONE (____) _____ **CELL** (____) _____

E-MAIL _____

SPOUSE/GUEST _____

DAY	TIME	ACTIVITY	NUMBER ATTENDING	PER PERSON COST	TOTAL
Friday Aug. 27					
	5:00 pm	Church Tour	Choice of:		
	6:00 pm	Cash Bar			
	7:00pm	Buffet	----- Fish	\$20	_____
			----- Chicken		
Saturday Aug. 28					
	6:00pm	Wisconsin Club (Brynwood) Reception (Cash Bar)			
	7:15pm	Dinner	_____	\$50	_____
Sunday Aug.29					
	8:30-11am	Sheraton Hotel Breakfast Buffet	_____	\$18	_____

Total Remittance \$ _____

RESERVATIONS DUE BY JULY 15

 Please make check payable to **Washington High School 1955 Class Reunion** and mail it with this form to: **Gloria Leeb**, 1144 W. Baldwin Court, Mequon, WI 53092 Refunds of all money paid for the events can be made up to one month before.

