

PLEASE COMPLETE THIS FORM and return in the envelope provided (Please return no later than June 15th)
to: **WHS Annual Picnic** c/o Jean Gaps Pirkl, P.O. Box 219149, Portland, OR 97225-9149

This form will be forwarded to your Class Rep to update your class mailing list. Please return this form if attending or not.

Alumni (Maiden) **CLASS**
First & Last Name : _____ (Name) _____ **YEAR** 19__

Address: _____ Phone # (____) _____ - _____

City, State, Zip _____ E-mail _____

Guest Name(s) _____

() I will attend. I would like to purchase ___ tickets x \$14.00 per person \$ _____ (2x\$28 3x\$42 4x\$56)
() Donation for the Transitional School and/or picnic expenses \$ _____
Total Enclosed \$ _____ check to **WHS Annual Picnic**

() Sorry, I cannot be there, but please keep me on the mailing list.
() Please remove me from the picnic mailing list. ****PLEASE RETURN THIS FORM IF ATTENDING OR NOT ****

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