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 Picnic Expenses and/or the Transitional School $_____
                                                    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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