**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,  515 NW Saltzman Rd  #663,  Portland, OR  97229

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 **$15.00** per person    $_____    (2x$30  3x$45  4x$60)
( ) 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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