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 First & Last Name :	(Maiden) (Name)	<b>CLASS</b> YEAR 19
	Phone # () E-mail	
Guest Name(s)		
() I will attend. I would like to purcha () Donation for Picnic Expenses and	ase tickets x <b>\$15.00</b> per person \$ (d/or the Transitional School \$ (	(2x\$30 3x\$45 4x\$60)
		check to WHS Annual Pichic
( ) Sorry, I cannot be there, but plea ( ) Please <b>remove</b> me from the picn		if <u>ATTENDING OR NOT</u> **
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( ) Please **remove** me from the picnic mailing list.

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