

**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) PirkI, 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.

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