

2017 BANQUET RESERVATION FORM DUE BY MAY 8, 2017

Class of _____ Alumni Name _____ Maiden _____

Class of _____ Alumni Name _____ Maiden _____

Address _____ City/State/Zip _____

Phone Number _____ Email _____

Dues /no dinner _____ @ \$5.00 = \$ _____

Dinner and Dues _____ @ \$25.00 = \$ _____

Guest Dinner _____ @ \$20.00 = \$ _____

Guest Name _____

Donation to HTHS Alumni Library Fund \$ _____

Donation to HTHS Scholarship Fund \$ _____

Total Amount of Check \$ _____

Make check payable to:

HTHS Alumni Association

Please return your registration form
and check to:

Karen Cook

4700 Dellen Rd.

Groveport, Ohio 43125

Questions? Call Karen at 614-554-1002
or Linda via email at hthsaa@gmail.com

MEMBERSHIP DUES SURVEY

Membership dues for the HTHS Alumni Association have not changed in over 20 years. During the Spring banquet last year, we discussed the possibility of raising dues and would like your input. Please take a moment to mark one of the lines listed below. Thank you for your input.

___ \$5 (No change) ___ \$6 ___ \$7 ___ \$8 ___ \$9 ___ \$10 ___ Other

NOMINATION FOR ALUMNI ASSOCIATION OFFICER

President: Name _____ Phone Number _____

Vice President: Name _____ Phone Number _____

Secretary: Name _____ Phone Number _____

Treasurer: Name _____ Phone Number _____