

# 2019 Reservation Form Due by **MAY 10, 2019**

Class of \_\_\_\_\_ Alumni Name \_\_\_\_\_

Class of \_\_\_\_\_ Alumni Name \_\_\_\_\_

(Please include maiden name if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Member Dues/Dues Only (If not already paid) \_\_\_\_ @ \$10.00 = \$ \_\_\_\_\_

Member Dinner \_\_\_\_\_ @ \$20.00 = \$ \_\_\_\_\_

Guest Dinner \_\_\_\_\_ @ \$20.00 = \$ \_\_\_\_\_

Guest Name \_\_\_\_\_

(Please note: At least one person must be a member of the Alumni Association in order to attend the banquet with or without a guest.)

Donation to George Cole Memorial Library Fund \$ \_\_\_\_\_

Donation to HTHS Scholarship Fund \$ \_\_\_\_\_

**Total Amount of Check** \$ \_\_\_\_\_

Make check payable to:

**HTHS Alumni Association**

and mail with this form so it *ARRIVES no later than May 10th.* to:

**HTHS Treasurer**

**4700 Dellen Rd.**

**Groveport, Ohio 43125**