

Registration Form

Please mail this form to PO Box 9 by May 18, 2009. Tickets, T-shirts, Cookbooks and Koozies may be picked up at the Registration Table in the School Gym.

Name: _____ (Husband or Guest)

GHS Graduating Class of _____ (year)

Name: _____ (Wife or Guest)

Maiden Name if applicable to GHS Alumni: _____

GHS Graduating Class of _____ (year)

Address: _____

City, State, Zip: _____

Please make check to: Garretson Reunion Committee

_____ Total Number of Meal Tickets @ \$25 per person \$ _____

_____ Total Number of GHS Kooler Cup Koozies @ \$3 each \$ _____

_____ Total Number of Lunchroom Recipes Cookbooks @ \$10 each \$ _____

_____ Total Number of GHS All School Reunion T-Shirts @ \$12 each \$ _____

Total Amount Submitted \$ _____

Adult **Size** TShirts: _____ Small _____ Medium _____ Large

_____ XL _____ XXL _____ XXXL

Please mail to:
GHS Reunion Registration
PO Box 9
Garretson, SD 57030