

Portsmouth High School's Class of 1999 Reunion

September 4-6, 2009

REGISTRATION

Name: _____ Maiden name (if applicable): _____

Address: _____

Phone: _____ Email: _____

Sorry, I cannot attend the 10-year Reunion, but I do want to be added to the class contact list so that I can be informed of future events.

Yes! I will be attending the Class of 1999's 10-Year Reunion.

*Note: If you and your spouse (or additional guest/s) are graduates of the class of 1999, please complete separate registration forms so that we can have separate contact information for each class member.

Name (for name tag)	Relationship	\$40 per person
Self:		\$
Others:		\$
		\$
		\$
	TOTAL	\$

Do you or your guest/s have any special dietary requirements? YES NO
If yes, please list in the following space: _____

Emergency Contact Information

In case of emergency during the reunion events, please contact: _____

Relationship: _____ Phone: _____

TO REGISTER: Please complete this form and send it, along with a Cashier's Check or Money Order made payable to: Rebecca Grant, to: 2048 Park Run Dr., Apt. F, Columbus, OH 43220 by **August 14, 2009**. If you have any questions or comments, please send an email to our reunion email address at ptownclass99@yahoo.com.

Can't wait to see you!!!