



2023 Enrollment Form

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Check number _____

2023 Return Entire Page 2023

Please Print:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ Check this box if address is different than last year's !!

e-mail Address: _____

MAIDEN NAME _____

SPOUSE _____

PHONE(_____) _____

GRADUATION YEAR _____ If not a graduate, list the class year you were scheduled to graduate.

OTHER, SPECIFY (faculty, friend, etc.) _____

DUES: Please check and complete the appropriate items.

☐ Annual Membership Dues \$10.00

☐ Life Membership \$100.00

☐ LifeMember Installment, 5@\$20 (#____) \$20.00

☐ Joint Life Membership \$150.00

☐ Joint Life Installment, 5@\$30 (Payment #____) .. \$30.00

TOTAL DUES..... \$

THE 2023 REUNION LOG

☐ Number of copies to be mailed _____ @ \$7.75

LOG TOTAL \$ _____

DONATIONS: Your gifts are sincerely appreciated.

Please check and complete the appropriate items.

☐ Donation of \$ _____ for "as needed" use

☐ Donation of \$ _____ for General Scholarships

Donation of \$ _____ John and Dorothy

Vargo Duda Memorial Scholarship Fund

☐ Donation of \$ _____ Zella Bishop Memorial

TOTAL DONATIONS: \$ _____

Memorial Donations:

☐ Donation of \$ _____ in memory of _____ to the _____ Scholarship Fund

☐ Please send an acknowledgment of this memorial donation to the following. Address must be provided.

Name _____

Address _____

Donations to the Alumni Center will help defray cost for utilities and upkeep. It's a great, memory facility; plan a visit.

☐ Donation of \$ _____ Support for the Alumni Center

All of the following funds are for Scholarship Donations

☐ Donation of \$ _____ Class of _____

☐ Donation of \$ _____ Sanger Scholarship Fund

☐ Donation of \$ _____ Jenny Wender Memorial

☐ Donation of \$ _____ Larry Harding Memorial

☐ Donation of \$ _____ Thomas Powell Memorial

Please check if applicable: Because of limited mobility, I request valet parking. _____

2023 Reunion Reservations

Dinner, Friday, September 1, 2023 _____ Reservations @ \$43.00 \$ _____ (includes gratuity and music)

Breakfast, Monday, September 4 _____ Reservations @ \$15.00 \$ _____ (includes gratuity)

Name of your guest/spouse _____

Add the following: (Dues \$ _____ + Reunion Log \$ _____ + Donations \$ _____ +

Reunion Event Reservations \$ _____) = TOTAL \$ _____

Make Check Payable to OHHS/CHS Alumni Association.

We need an accurate count 14 days before the dinner at Tamarack. The hard reservation deadline is August 18. You may confirm your reservations on Friday, September 1, from 10 a.m. until 1:00 p.m. at the Alumni Center, 107 Kelly Avenue, or at the door of each reunion event. SORRY, NO REFUNDS!

