

BANQUET RESERVATIONS MEMBERSHIP/DUES FORM

For records update

FULL NAME OF ALUMNI MEMBER _____ CLASS OF _____
(Please include maiden name if applies)

MAILING ADDRESS: _____ PHONE #: _____
P.O. Box or Street / City / State and Zip Code (Please include area code)

E-MAIL ADDRESS: _____
 check here if Alumni Association can list your email address on website and other lists

FULL NAME OF SPOUSE _____ If spouse is DCHS Alumni--Class of _____
(Please include maiden name if applies-- also please note if deceased)

We must receive reservations on or before May 19, 2009, to guarantee a seat with your class. Reservations received after deadline of May 19, 2009 can not be guaranteed a seat with your class nor name tags/place cards as the seating chart will be completed by this date.

Fees: \$20.00 Per graduate of DCHS (includes membership dues & banquet reservations)
\$10.00 Per guest/spouse (not a graduate of DCHS)
Example: \$20.00 + 10.00 = \$30.00 OR 2 DCHS grads = \$40.00

_____ # banquet reservations = _____ Total amount enclosed \$ _____

**(Please make check payable to DCHS Alumni Association and mail to:
DCHS Alumni Assoc. PO BOX 336., David City NE 68632)**

Name(s) _____
Please print names that reservations are for as the info will be used to print name tags & place cards

If both you and your spouse are alumni members, please state which class you want to be seated with: _____