

# Annual Alumni Banquet Reservation Form

Second Saturday of June

Middle School, 325 Scotch Ridge Rd., Carlisle

4:30 Social Hour

6:00 Dinner

7:00 Program

**You Must R.S.V.P. one week prior - To Box 3, Carlisle, IA 50047**

Please use this reservation form for payment of dues or donations to the endowment/scholarship funds.

Name \_\_\_\_\_ Maiden \_\_\_\_\_ Year graduated \_\_\_\_\_

Spouse/Guest \_\_\_\_\_ Year graduated, if a CHS Grad, \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_

**Enclosed:**

\_\_\_\_\_ \$15 per person (**\$25 AT THE DOOR**)

\_\_\_\_\_ \$5 membership dues

\_\_\_\_\_ Donation to endowment fund

\_\_\_\_\_ Please apply to my honor roll fund

\_\_\_\_\_ Donation to next year's scholarships

\_\_\_\_\_ Please apply to my honor roll fund

\_\_\_\_\_ **Total**

**(Honor Roll is \$500 over 5 years)**