

Class of '66 Reunion

Reunion Registration

Name: _____
Name at Graduation (if different): _____
Spouse's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

I will / will not be attending?

Name of guest. (for name tag): _____

Registration fee enclosed (\$50 per person): \$_____

Please make checks payable to: Doug Klapper
and send to: Jan & Doug Klapper
WCHS '66 Reunion
213 Highland Dr.
Williamsville, NY 14221

Bio information for directory (optional)

Marital Status _____

Children _____

Grandchildren _____

Career(s) _____

Interests / Hobbies _____

What do you want to tell everyone about the past 40 years.

