

REGISTRATION FORM

Please return completed form to:

WHS Class of 64 Reunion

4721 Iris Street
Rockville, MD 20853

WHS Classmate(s): _____ Guest Name: _____
(Ladies please include your maiden name)

Address: _____ City: _____ St: _____ Zip: _____
_____ Telephone: _____

E-Mail address: _____

___ I do not plan to attend the reunion.

A small number of class directories will be available for classmates at each of the events. We plan to send a free electronic class directory to all classmates that we have an email address for. So, please be sure to provide us with your email address. Also, let us know in the space below if you do NOT want your contact information (address, email, and/or telephone number) included in the free class directory.

Date	Event	Cost each	How Many?	Total cost
July 12	Friday Night Mixer	No Admission		Pay as you go
July 13	Saturday Dinner-Dance	\$55.00		
Beef	New York Strip Steak (10-oz Choice cut topped with brandy cream sauce)	Please indicate your selection(s) in the Number column		No entry required
Chicken	Chicken Chesapeake (Topped with crabmeat and brandy cream sauce)			
Seafood	Atlantic Salmon (Served with roasted shallots and Riesling sauce)			
July 14	Sunday Breakfast Buffet	No Admission		Pay as you go

All dinners include a salad, rice or potatoes, and seasonal vegetables. Total enclosed \$ _____

Please attach any thoughts you would like to share with your classmates. You can also send any thoughts you would like to share via email to rick_kathy@live.com

Please make checks payable to: Richard Greenfield

**Registration forms and checks must be received
No later than June 30, 2019**

Please mail to: WHS Class of 64 Reunion, 4721 Iris St., Rockville, MD 20853