

REGISTRATION FORM

STUYVESANT HIGH SCHOOL - CLASS OF 1962 50TH CLASS REUNION MAY 4TH AND 5TH, 2012

MAIL THIS FORM WITH YOUR CHECK PAYABLE TO SHSAA:

STUYVESANT HS ALUMNI ASSOCIATION (SHSAA)
PO BOX 3531
NEW YORK, NEW YORK 10008-3531

ALUMNUS NAME: _____

GUEST: _____

ADDRESS: _____

CONTACT INFORMATION:

PHONE: _____

CELL: _____

EMAIL: _____

G.O.DUES @ \$25 PER ALUMNUS			\$	25.00
(covers administrative expenses of the reunion)				
FRIDAY NIGHT, MAY 4TH AT SPQR	_____	@	85.00 =	_____
SATURDAY MORNING, MAY 5TH, OPEN MIC	_____	@	N/C =	0.00
SATURDAY AFTERNOON, MAY 5TH, NEW STUY	_____	@	N/C =	0.00
SATURDAY NIGHT, MAY 5TH, THE WATER CLUB	_____	@	135.00 =	_____
SHSAA CLASS GIFT (**TAX DEDUCTIBLE)				_____
TOTAL			\$	_____

INQUIRIES:

GARY ROEBUCK braces1@optonline.net

STAN MANDELL sman415@comcast.net

BARRY LEVINE ablevine2005@yahoo.com