



Name: \_\_\_\_\_  
first (Maiden) Last Name

Address: \_\_\_\_\_

City/ St. Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Facebook Circle: Yes No

Guest First Name: \_\_\_\_\_

Check No. \_\_\_\_\_ Amount: \_\_\_\_\_

(\$20.00 each) Non Refundable

Enclose check and this form and Mail to Address Below.

Website: [www.shhsmemories.com](http://www.shhsmemories.com) (up-to-date details)



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