

SSCS ALUMNI BANQUET 2024 RESERVATION/INFORMATION FORM

NAME _____

NAME AT GRADUATION _____

Mailing address _____

E-mail address _____

Class of (female) _____ Class of (male) _____

Do not detach — please return entire form

DINNER RESERVATION(S)

(Please include full name of ALL attending so nametags can be prepared in advance)

Name: _____

Guest(s): _____

Phone reservations will be accepted, but advance payment **MUST BE RECEIVED** by May 22th.
Contact **Rebecca Zarski at (518)231-6616** or **Pauline Brown at (518) 284-2687**

Please reserve Complimentary Dinner(s) _____ (graduated 60 years or more) _____

Please reserve _____ **Alumni Dinner(s)** @ \$20.00 each \$ _____

Please reserve _____ **Guest Dinner(s)** @ \$20.00 each \$ _____

Total for Dinners \$ _____

Alumni Dues (\$5.00) \$ _____

Donation (always appreciated to help cover expenses) \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

- Please make checks payable to: **SSCS ALUMNI ASSOC**
Please use enclosed pre-addressed envelope and reply by **May 22**
- Please include your return address on the return envelope.

TREASURER'S USE ONLY

CHECK # _____

DATE OF CK _____

AMOUNT CK _____

CASH _____

DATE DEPOSITED _____