

PLEASE PRINT

Name _____

Address _____

City & Zip _____

Telephone _____

Email _____

Name of Reunion _____

_____ **CLASSMATES ONLY**

_____ **CLASSMATES & SPOUSES**

_____ **OTHER (describe)** _____

1-8X10.....\$20.00

2-8X10.....\$36.00

3-8X10.....\$50.00

_____ **AMOUNT PAID**

**These reunion photographs are in color.
TO ORDER fill out all of the above information. Put CASH OR
CHECK in envelope. To use VISA or MASTERCARD, fill in below:**

CARD # _____

EXPIRATION DATE _____

SIGNATURE _____

**PHOTOS will be mailed to you in approximately 6 weeks. Orders
mailed in to the studio after the reunion will take longer**

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