

STUYVESANT HIGH SCHOOL 60Th YEAR REUNION RESERVATION FORM

STUYVESANT ALUM NAME: _____

GUEST NAME: _____

CONTACT INFORMATION

TELEPHONE NUMBER _____

E-MAIL ADDRESS _____

PAYMENT

NUMBER OF ATTENDEES, BOTH DAYS: _____ @ \$110 PER PERSON

NUMBER OF ATTENDEES, FRIDAY: _____ @ \$55 PER PERSON

NUMBER OF ATTENDEES, SATURDAY: _____ @\$55 PER PERSON

PAYMENT: \$ _____

Check payable to: SHS Class of 1956

MAILING ADDRESS

Mr Jay Freeman
Co-Chairman, SHS Class of 1956 Reunion
799 Park Avenue
New York, NY 10021