

**LONGVIEW HIGH SCHOOL
CLASS OF 1986
20 YEAR REUNION**

Dates for reunion: November 10th and 11th

I will be unable to attend the reunion.

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____
E-mail Address: _____

Please mark the following statements:

_____ I would like a copy of the reunion directory **only** mailed to my address.
Directory Price: \$4.00

_____ I would like the party favor (cup koozie) **only** mailed to my address.
Koozie Price: \$4.00

_____ I would like **both** the directory and the cup koozie mailed to my address.
Directory and Koozie Price together: \$8.00

_____ I do not wish to receive the directory or the koozie.

Amount enclosed: _____

Make checks payable to: LHS Class of 1986

Mail this form and money to:

**Traci Parr Park
2840 Woodland Hills Drive
Cummings, GA. 30040**

(For coordinator use only)

Paid by: _____ check _____ cash _____ money order

Check number: _____

Deposited: _____

Cathy notified: _____ Lori notified: _____