



Clovis High School - Class of 1977 Registration for 30-year reunion

Alumni First Name	Middle Name	Last Name in High School	Current Last Name (if different)
Home Street Address	City		State
() Home Phone		e-mail address	
Spouse/Guest First Name	Last Name		

The above information will be shared with your classmates.
 If you do NOT want this information shared, please check here

- Yes, I will be attending!
- No, I won't be attending but I would like to share my contact information with my classmates (we won't share this information in the memory book unless we get your response - attending or not).

If not attending, please send us your biography update to include in the class memory book.

Please mail or fax this completed form, memory book submission, and payment to:

**CHS Class of 1977
 PO Box 1695
 Clovis, NM 88102-1695
 Fax (505) 769-1635**

On-line (internet) registration and payment is being set-up and the link to that will be available on the website soon (www.blastreunions.com/Clovis77).



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_____ Number of people attending Saturday night dinner/dance X **\$55.00 per person** =

Meal choices (enter quantity in box) Chicken Beef Vegetarian

_____ Number of people planning on attending the Saturday family picnic.

_____ Number of people interested in a Golf tournament on Saturday.

_____ **Class Memory Book**..... X **\$15.00 per book** =
 (if you are **not** attending the dinner, add \$5 for shipping) X **\$20.00 per book** =

These contain the *always interesting* 1-page auto-biographies submitted by fellow alumni (usually with pictures), addresses/emails for alumni, and more. **They are VERY popular and ALWAYS sell-out.** Reserve yours now, as only a few extra will be available at the event! These are handed out when you check-in at the dinner...which also makes them an excellent ice-breaker!

Total amount due

Make checks payable to: **CHS Class of 1977**

Method of payment: Check # _____ MasterCard or VISA

Credit Card Number _____ - _____ - _____ - _____ Expiration Date (mo/yr) ____ / ____

MC/Visa signature panel ID number (last 3 numbers printed on the back of the card where your signature is) _____

Cardholder Name _____ Signature _____

- Please ensure your registration arrives **AT LEAST 10 days before the reunion**
- No tickets will be sent. Reservations will be verified at a check-in table at the door.
- Checks will be deposited and credit cards will be processed upon receiving your registration form.
- There will be **NO REFUNDS** for cancellations requested/received after **Friday, 8/3/2007**.