

ST. JEAN BAPTISTE HIGH SCHOOL
2019 ALUMNAE REUNION-SATURDAY, OCTOBER 5, 2019

RSVP BY SEPTEMBER 20, 2019

I will attend.

Please reserve: ___ Alumna Ticket(s) x \$75 each/Class of '14 x \$50 \$ _____

Please reserve: ___ Guest Ticket(s) x \$45 each \$ _____

I would also like donate this amount towards my Class Gift: \$ _____

I am unable to attend, but I donate this amount towards my Class Gift: \$ _____

Class of: _____

TOTAL AMOUNT DUE \$ _____

Full Name (Please include Maiden) _____

Address, City, State, Zip _____

Telephone _____ **Email** _____

Payment Info: Check enclosed (payable to St. Jean Baptiste High School)

Online Registration & Payment, visit www.stjean.org/reunionregistration

Please charge my: Visa MasterCard AMEX

CC# _____ Exp. Date _____

Please register on or before SEPTEMBER 20, 2019. Tickets will not be mailed. Reservations will be held at the door.

Please help keep our records current.

CURRENT EMPLOYMENT INFORMATION

(if RETIRED, please list most recent employer & position)

Employer: _____

Job Title: _____

HIGHER EDUCATION INFORMATION

College: _____

Degree/Major/Minor: _____

Graduate School: _____

Degree/Major/Minor: _____

Other: _____

Please use this space to share any other life news: