

PRE REGISTRATION FORM
PLEASE DETACH AND RETURN UPPER PORTION OF FORM BY
AUGUST 31, 2015

I graduated in _____ or attended BHS in _____

Name: _____

Ladies only (Maiden Name) _____

Address: _____

City: _____

State: _____

Phone #: _____ e-mail: _____

Number Attending Reunion: _____

Number Attending Saturday Breakfast: _____ (Menu: biscuits, gravy,
scrambled eggs, bacon, sausage, coffee, milk, juice)

Registration Fee: \$15.00 per person _____

Breakfast (**optional**) \$5.00 per person _____

Total Amount Enclosed: _____ (**Make Check Payable to Bismarck Alumni**)

Guest Name: _____

Please indicate if you were/are a teacher, administrator, or staff member of Bismarck High School. (name) _____
(position) _____

Please include on back of form any addresses or information of former teachers who taught at the Bismarck Schools.

It is important to receive your feedback about the reunion so that the integrity of the reunion may be maintained. Please jot-down your thoughts and let us hear from you. Please send this and the above form to:

Bismarck Alumni, P.O. Box 7, Bismarck, MO 63624 or email at bismarckindians.org