

Reservation Form for LHS Class of 1964 50th Reunion

*This is a pdf file that **cannot** be completed on your computer.*

Please print a copy and fill it out by hand; Return with your check to:*

Estelle Steele; 26 Edgewood Drive; Lexington, VA 24450

PLEASE PRINT: Name: _____

Spouse/partner's name: _____

Street Address: _____

City _____ State _____ Zip: _____

E-mail _____ Phone (____) _____

NOTE: *The committee plans to share your contact information above with other class members who may request it. Please indicate **BELOW** your willingness to share.*

Yes, please share my contact information with other LHS alums: _____

No, please do **NOT** share my contact information: _____

Saturday, June 28th picnic

**5:00-8:00 p. m. The Ponds Clubhouse
\$35.00 per person**

Number of persons attending Saturday evening picnic: _____

Preferred name(s) for nametags: _____

Amount remitted for picnic: **\$35.00 X (____)** \$ _____

Sunday, June 29th Brunch

Skyeward, home of Linda and Stan Donald

11:00 a. m.-1:00 p. m.

612 Old Farm Road

(There is no charge for the brunch)

Number of persons attending Sunday brunch: _____

Preferred name(s) for nametags: _____

Amount remitted for **LHS Scholarship** \$ _____

TOTAL AMOUNT of check \$ _____

***Please make check out to: Estelle Steele, LHS Reunion**