

Hampton School Reunion of 1957

RESPONSE FORM

Print, fill out and mail. Thank you very much! :)

Name of classmate _____

Name on your name tag _____

Mailing address _____

I plan to attend the reunion _____ I will bring _____ guest(s)

Guest's name(s) _____

I (we) plan to attend

Saturday Bus tour of Hampton School _____

Saturday Dinner _____ Sunday Brunch _____

Saturday Dinner Selection: Chicken _____ Fish _____ Vegetarian _____

Registration Fee: Graduates @ \$150 _____ Guests @ \$100 _____

Late fee after July 15th @ \$10 per person _____

Total please make check payable to: HAMPTON SCHOOL REUNION

Response form and check should be mailed to:

Hampton School Reunion

Post Office Box 2844

Southfield MI 48037-2844

Sorry, I am unable to attend. Please keep me on the mailing list _____