



# Reunion Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

	Friday night only \$35.00	Saturday night only \$75.00	Both nights \$100.00
Alumni's Name			
Spouse or Friend's Name			

Make check payable to: HHS Reunion

Mail to:

HHS Reunion  
5539 SMU Blvd  
Dallas Texas 75206