

ALUMNI BANQUET RESERVATION FORM

Please print and mail this page with your check to

**Portland High School Alumni Association,
P.O. Box 218, Portland, IN 47371**

Please reserve _____ meals @ \$20 / person.

Amount enclosed \$ _____

Make your check payable to Portland High School Alumni Association.

Name(s) with class year _____

Email _____

Phone _____

Address _____

City / State / Zip _____