

Reunion Weekend Registration

Name: _____

Class: College _____ Academy _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Please list number of attendees for each event:

_____ Alumnae Luncheon* (*please include \$35, see note below.*)

_____ Guest Speaker—Margaret Munch, RSCJ

_____ Alumnae Mass & Awards

_____ Wine & Cheese Reception

I am unable to attend, but please accept my donation of
\$ _____, made payable to the Duchesne
Academy Alumnae Association.

Return RSVP card and payment in enclosed envelope by
Friday, September 1

**If you plan to attend the luncheon, please make checks payable to
Duchesne Alumnae Association and list those with whom you would like
to be seated (see back of card).*

Table Requests

· tables of eight ·

Late Reservations will not guarantee that you will be seated with your class. Please RSVP by September 1.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____