



# 60<sup>TH</sup> REUNION REGISTRATION FORM

## CHAMPAIGN HIGH SCHOOL CLASS OF '61

	Number of Persons	Cost per Person	Event Total
<b>Friday, September 24</b>			
4:00 p.m. Informal gathering at Papa Del's. 1201 S Neil St, Champaign Pizza & Salad provided. Cash bar.	_____	\$20.00	\$ _____
<b>Saturday, September 25</b>			
5:00 p.m. Reunion dinner at Champaign Country Club, 1211 South Prospect Avenue, Champaign. Cash bar. <b>** Note any dietary restrictions below</b>	_____	\$40.00	\$ _____
		<b>Total Cost</b>	\$ _____
<b>Sunday, September 26</b>			
Class Reunion Picnic at Hessel Park Pavilion Bring your own picnic. Water provided.	_____	No cost	

Make checks payable to **CHS Class of 61**. Please complete and mail this registration form, together with a check for the total cost, to:

**Champaign High School Class of 61**  
**P.O. Box 8372**  
**Champaign, IL 61826**

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Name(s) for nametag(s) (please print) \_\_\_\_\_

**\*\* Dietary Restrictions:** \_\_\_\_\_