

MDHS REUNION

Registration Form



Markham District High School Reunion - May 14 - 16, 2004

Please complete the information below and mail together with your payment. Cheque or money order accepted. Do not send cash in the mail. You will receive a confirmation via e-mail. Your personal registration package will be ready for you at the reunion.

Attendee Name: _____

First: _____

Last: _____

(Maiden Name): _____

Guest Name: _____

First: _____

Last: _____

Attendee Address: _____

Street: _____

City: _____

Province/State: _____

Postal/ZIP: _____

E-mail: _____

Please indicate the years in attendance at MDHS and check if you were a student or teacher etc. Check all that apply.

Student From _____ To _____

Teacher From _____ To _____

Custodian From _____ To _____

Secretary From _____ To _____

Cafeteria Staff From _____ To _____

_____ From _____ To _____

My Registration fee for the reunion. \$15

and my Guest will also attend.

I will attend the Wine and Cheese Friday night.

Staff Brunch (\$15). + _____

and my Guest will also attend. (\$15) + _____

I would like a ticket for the Variety Show.

and my Guest will also attend.

I will attend the Fair evening. (\$25) + _____

and my Guest will also attend. (\$25) + _____

I will attend the Continental breakfast/Church service Sunday morning.

Total For Registration and Events = \$ _____

Please send cheque or money order payable to:

MDHS Reunion

Mail To: c/o Bonnie Horton

104-1920 Ellesmere Rd., Suite 358
Toronto, ON. M1H 3G1

Feel free to photocopy this form and distribute to as many of your MDHS friends as possible, especially to those who do not have access to the reunion site. Thank you for filling out the form. See you at the reunion! – The Reunion Committee