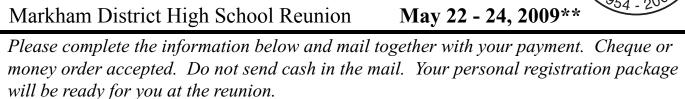
IMDHS reunion

Registration Form

Our Tradition Continues. 50 Years of Education



Attendee Name: First: Last: (Maiden Name): Guest Name: First: Last:			Note: *Dinner. You must register before May 1 to guarantee dinner. The caterer will plan the total number of dinners to be served based on response before May1. ** The reunion weekend is the weekend after the Victoria Day holiday. ***Evening events are licenced, must be 19 or over to attend.
Attendee Address: Street: City: Province/State: Postal/ZIP:			☐ I would like my name to appear on the online list of attendees at www.mdhsreunion.ca. (We'll only publish your name, year attended and city where you now live. No other personal information will be published.)
E-mail:			\square My Registration fee for the reunion. \$30
Please indicate the years in attendance at MDHS and check if you were a student or teacher etc. Check all that apply.			☐ and my Guest will also attend. (\$30) + ☐ My Dinner ticket. * (\$10) +
☐ Student	From	То	☐ My Guest Dinner ticket. * (\$10) +
☐ Teacher	From	То	Total For Registration and Events = \$
☐ Custodian	From	То	Please send cheque or money order payable to: Markham High Reunion Mail To: c/o Registration Committee 81 Main St. N. Markham, ON. L3P 1X7
☐ Secretary	From	To	
☐ Cafeteria Staff	From	То	
	From	То	

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 website. Thank you for filling out the form. See you at the reunion! – The Reunion Committee