

# Arcadia High School Class of 1967

## 40th year Reunion Registraton Form

US Grant Hotel  
in San Diego  
October 20th, 2007

First \_\_\_\_\_ Last \_\_\_\_\_  
maiden name/name in high school

Married name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

telephone # \_\_\_\_\_ work or cell # \_\_\_\_\_

Name of Spouse or guest (for name tag) \_\_\_\_\_

|   | QTY   | COST              | AMOUNT |
|---|-------|-------------------|--------|
| <b>Reunion Ticket</b>   | _____ | <b>\$100 each</b> | _____  |
| <b>Memory Book</b>  | _____ | <b>\$20 each</b>  | _____  |
| <b>Angel Donation</b><br><small>(If you prefer to stay anonymous, please check the following box ) <input type="checkbox"/></small> |       |                   | _____  |
| <b>TOTAL</b>  |       |                   | _____  |

**Please make Checks payable to** **ARCADIA '67 Reunion** *Do not send Cash*  
*(Your cancelled check will be your confirmation, your ticket will be held at the door)*

**Mail Registration form and check to:** Jo Hoffeins Ramos  
3086 Wildflower Dr.  
Encinitas, Ca 92024

**Message from the committee:**

"Your Reunion Committee is working very hard to make our reunion a truly memorable event. Considerable time and a sizable financial investment has been made for this fabulous event! We have signed contracts for both food and rooms in order to secure our event for the night of October 20th, 2007 at this beautiful facility.

How can you help? We need early commitment from you! Please show your support for this event and to us by pledging that you'll join us and completing the purchase of your event tickets today! Thanks very much."

### Memory Book Form

*If you are ordering a Memory Book, FILL out this form*

I have enclosed a small photograph of myself or my family for the reunion memory book, since I am not attending. My full name is printed on the reverse side. ( For those attending, your photo will be taken that night).

I would like My copy of the Softcover Memory Book to be sent to the address below.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (     ) \_\_\_\_\_

School Name \_\_\_\_\_

Year of Graduation \_\_\_\_\_

*Please return this from with your registration form. **Do Not Detach***

Visit our Web Site at [www.Arcadia67.com](http://www.Arcadia67.com) for updates

If there are any questions or concerns about registration, please contact Jo Hoffeins ([JoRamos81@sbcglobal.net](mailto:JoRamos81@sbcglobal.net))