

PRIMARY ATTENDEE INFORMATION

First Name	Last Name	Maiden	Maiden Name (if applicable	
THISTINGTHE	East Name	maraen varre (n'appreable)		
Alternate Name to Appear on Name Tag (if applicable		City	Province	
Email Address		Phone Number: o Mobile	o Home o Work	
Attending As: o Student	o Teacher	o Employee	o Guest	
Year Graduated/Last A	ttended/Worked at MHS:		Did not attend MHS	
GUEST INFORMA	TION			
First Name	Last Name	Maiden	Name (if applicable	
Alternate Name to Ap	pear on Name Tag (if applicable)			
Attending As: o Student	o Teacher	o Employee	o Guest	
Year Graduated/Last A	.ttended/Worked at MHS:	0	Did not attend MHS	

PAYMENT DETAILS

Cost is **\$70 per person** and payment options are:

- 1. <u>Mail</u> send completed form and cheque payable to MHS Reunion Committee, c/o PO Box 2004 Wawa, ON POS 1KO
- 2. <u>eTransfer</u> to MHS70@shaw.ca use MHS70th as the answer to the question and include the Primary Guests name in the notes.

Early Bird Registration Deadline: March 15, 2024

Be eligible to have your name entered in a draw for 2 free registrations!

Alumni Registration Deadline: April 15, 2024

Registration will be opened to the public. The first 1000 will be confirmed.