

CVHS CLASSMATE RESPONSE

Fax to: (925) 734-9195, or Mail to: CVHS REUNION
 2807 Castro Valley Blvd.
 Castro Valley, CA 94546

Please Print:

Name _____ CVHS Class of: '58 , '59 , '60 , '61 , '62

(include maiden name)

My current address: _____

My email is _____ My telephone is _____

Name of Spouse/Significant Other: _____; None

(Do not share my: address , telephone , email , mate status in the Reunion Booklet.)

	Yes	Number of attendees	Price Per Person	Total Amount
I will help sponsor a CVHS teacher(s) by donation of				
EVENTS				
I will attend the CVHS campus tour and game			Included	
I will attend the Classic Car Show			Included	
I will show a vehicle in the Classic Car Show			Included	
I will attend the Picnic Lunch			Included	
I will attend the Singles' Mixer			Included	
I will likely use the Lounge n' Talk Room			Included	
I will attend the Gala CVHS Reunion Rock n' Roll Sock-Ho . Dance and Dinner P P.			- \$66.00	
I want a CVHS Class Reunion Booklet			\$22.00	
HOUSING				
I would like to be a Hospitality House Guest				
I would consider being a Hospitality House Host				
I plan to stay at the Marriott, San Ramon				
THE CRUISE				
I will sail on the CVHS Mexican Riviera Cruise				
I desire transportation from the East Bay to the Port of San Francisco for the CVHS Cruise				
Total Due		----	---	

Enclosed is my check in the amount of _____ for the Reunion Events and Memory Booklet.

Please charge my Visa Mastercard for the Reunion Events and Memory Booklet.

Card Number / / / / Expiration Date /

Signature of Card Holder _____

Billing Address for charge card _____ * * * * *

I want to support Castro Valley High School with tax-deductible donations of:

\$ _____ *for* the New Athletic Facilities and \$ _____ *for* the New Performing Arts Center.

Enclosed are my donation checks.

Please add my donations to my Visa Mastercard charge account listed above.