



REGISTRATION FORM

Class of 1964

55th-Year Reunion

Pirates 55 plus Friends

Classmate's Name: _____
 First (Maiden) Last

Guest(s) who will be accompanying you: _____

Your email address (for confirmation) _____

Year of graduation _____

Optional:

How far did you travel to attend this reunion? _____

How many grandchildren do you have? _____

How many great grandchildren do you have? _____

Events you and your guests plan to attend:

_____ Both functions (Friday and Saturday) - Total cost for both 55.00 per person.

_____ Friday evening only – \$5.00 per person

_____ Saturday evening only – \$50.00 per person

There are two methods of registering and paying:

1. Send **this form, your check (made payable to PCHS 1964 Reunion) and any information about classmates** on our lost list to: PCHS 1964 Reunion, 10500 Bishops Gate Oklahoma City, Ok 73162
2. Register on our new Website at www.pchs1964.net – you can pay by credit card using this site (an extra fee of \$3 will be charged).

Deadline: September 20th