

# ANNUAL MEETING RESERVATIONS

1. **Membership Dues** # \_\_\_\_\_ @ \$10.00 = \$ \_\_\_\_\_

2. **Dinner Reservations** # \_\_\_\_\_ @ \$30.00 = \$ \_\_\_\_\_

*(List the names and dinner choices of attendees below)*

RESERVE A TABLE: TABLES OF 8-10 MAY BE RESERVED – WE WILL TRY TO SEAT MEMBERS OF SIMILAR CLASSES TOGETHER.

NAME, CLASS *(Include maiden name where appropriate)*

MEAL CHOICE *(Please check one for each dinner attendee)*

	<input type="checkbox"/> CHICKEN MARSALA <input type="checkbox"/> STUFFED PORK CHOP
	<input type="checkbox"/> CHICKEN MARSALA <input type="checkbox"/> STUFFED PORK CHOP
	<input type="checkbox"/> CHICKEN MARSALA <input type="checkbox"/> STUFFED PORK CHOP
	<input type="checkbox"/> CHICKEN MARSALA <input type="checkbox"/> STUFFED PORK CHOP
	<input type="checkbox"/> CHICKEN MARSALA <input type="checkbox"/> STUFFED PORK CHOP
	<input type="checkbox"/> CHICKEN MARSALA <input type="checkbox"/> STUFFED PORK CHOP
	<input type="checkbox"/> CHICKEN MARSALA <input type="checkbox"/> STUFFED PORK CHOP
	<input type="checkbox"/> CHICKEN MARSALA <input type="checkbox"/> STUFFED PORK CHOP
	<input type="checkbox"/> CHICKEN MARSALA <input type="checkbox"/> STUFFED PORK CHOP
	<input type="checkbox"/> CHICKEN MARSALA <input type="checkbox"/> STUFFED PORK CHOP

SPECIAL MEAL NEEDS \_\_\_\_\_  
*(PLEASE BE SPECIFIC, INCLUDING ALLERGIES TO NUTS OR OTHER FOODS)*

3. **Administrative Fund** \$ \_\_\_\_\_

4. **Scholarship Fund** \$ \_\_\_\_\_

This donation is in  honor of  memory of

NAME \_\_\_\_\_ CLASS YEAR \_\_\_\_\_

On the occasion of \_\_\_\_\_  
*(Birthday, Anniversary, Class Reunion, etc.)*

Please notify the following of this contribution:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

5. **The Wildcat Foundation** \$ \_\_\_\_\_

6. **TOTAL ENCLOSED** \$ \_\_\_\_\_

*(Dues and contributions are tax deductible. Checks payable to: MAHSAA)*

**Return Form to:**  
 Marty Coover  
 22 E. Maplewood Ave.  
 Mechanicsburg PA 17055

# MEMBERSHIP DUES & AN



## CONTACT INFORMATION

YOUR NAME *(Include maiden name when appropriate)*

CLASS

ADDRESS

CITY

STATE

ZIP

PHONE

E-MAIL