

ALUMNI REGISTRATION FORM

FIRST NAME _____

LAST NAME _____

MAIDEN NAME _____

ADDRESS _____

EMAIL _____

CELL _____

PLEASE INDICATE ONE OF THE BELOW CATEGORIES:

CLASS OF _____ ST. PHILIP AND ST. JAMES HIGH SCHOOL

CLASS OF _____ PHILLIPSBURG CATHOLIC HIGH SCHOOL

CLASS OF _____ ALL SAINTS REGIONAL HIGH SCHOOL

CLASS OF _____ ALL SAINTS REGIONAL ELEMENTARY SCHOOL

CLASS OF _____ STS. PHILIP AND JAMES ELEMENTARY SCHOOL

_____ I WOULD BE INTERESTED IN BECOMING MY CLASS REPRESENTATIVE

COMMENTS ON ACTIVITIES OR EVENTS YOU WOULD LIKE TO SEE MOVING FORWARD INVOLVING ALUMNIA ACROSS THE CLASSES.

Thank you,
Margie Class of '69