

To Register for the 2015 luncheon, Please print this page, fill it out and mail it in.

Name _____ Class Year _____

Additional Name _____ Class Year _____

Address _____
(street) (city) (state) (zip)

Phone () _____ Email _____ Is this address new?

Registration \$22.00 ea. X # _____ = \$ _____

(Includes lunch, mailing, rental, insurance & other expenses)

Donation to the Scholarship Fund \$ _____

Total enclosed \$ _____

(Donations are tax-deductible)

Make your check payable to

Molalla Alumni Association

Mail with this form to: Molalla Alumni Association,
P. O. Box 454
Molalla, OR 97038

Questions: Ken 503-829-6844
Joan 503-829-9140
or Delores 503-657-6189

We need volunteers!

If you would be willing to lend a hand on any of our committees, please check the box on this form and we'll contact you.

YES

Please Return by April 17, 2015