

**To Register for the 2017 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

☐

**Registration Required — Please Return by April 14**