

Please return this form with your check to:
Hot Springs Alumni Association, PO Box 337, Hot Springs, SD 57747

Name _____ Graduating Year _____

Spouse's Name _____ Alumni? Y N Grad. Year _____

Children's Names _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Cell phone _____

Email _____

Will you need assistance with meals (help through the buffet line, help to your table, or help with a child's plate)? _____

Number of Adults/Children (10 or older) _____ \$60 each - total cost \$ _____

Number of Children age 5 to 9 _____ \$20 each - total cost \$ _____

Number of Children 4 and Under _____ no charge

Total Due \$ _____

Please make checks to: Hot Springs Alumni Association
and mail to: PO Box 337, Hot Springs, SD 57747