**NORTHEAST HIGH SCHOOL**

**ALUMNUS FACT SHEET & REGISTRATION FORM**

Name (first, middle, maiden and last)

Address:

City: State: Zip: Country:

Home phone: Cell phone:

Email address(s):

Your Northeast High Graduation Year:

Names of Colleges Attended and/or Military Service:

Spouse/Partner name: Date if married:

Children and Grandchildren (Names & ages) & **How Many Graduated from Northeast High**:

What are your best memories from high school?

Tell us about any unusual experiences or accomplishments you’ve had

After 60 years, what would you like your classmates to know about you that they’d never guess?

**Northeast High Classes of ’65,’66,’67 Reunion**

**August 15-17, 2025**

**REUNION REGISTRATION FORM**

 **Registration deadline is July 21st, 2025**

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (FIRST, MIDDLE, MAIDEN, LAST)

Spouse/Partner/Guest Name (as you want to appear on name tag): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your** Grad Year: \_\_\_\_\_\_\_\_\_ Grad year of Spouse/Partner/Guest **if an NHS Alumni** \_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate the number of attendees and Reunion Memory Books required.**

**\_\_\_\_\_** Yes- I will attend the Thursday Night pre-reunion Gathering (on your own) at

 Twin Peaks Sports Bar

**\_\_\_\_\_** Friday Cocktail Party, Saturday Luncheon & Saturday Dinner Dance

 SINGLE: $ 165.00 COUPLE: $ 330.00

**\_\_\_\_\_ Only** Friday Cocktail Party

 SINGLE: $ 65.00 COUPLE: $ 130.00

**\_\_\_\_\_** **Only**Saturday Dinner Dance

 SINGLE: $ 105.00 COUPLE: $ 210.00

**\_\_\_\_\_ Only** Saturday Luncheon & Saturday Dinner Dance

SINGLE: $ 135.00 COUPLE: $ 270.00

**\_\_\_\_\_** Reunion Memory Book $ 25.00 (Mailed after Reunion)

Included is a $**\_\_\_\_\_** donation towards miscellaneous costs. Note if a Memorial Donation

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**PAYMENT METHOD: Check or Zelle Enter payment method here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Send Check & Registration Form to:**

**Make check payable to:**

**WILLIAM L. SPRINGER**

**PO BOX 770261**

**Coral Springs, FL 33077**

1. **Zelle:**

**Use Bill Springer’s Cell Phone Number 9542056012**

**Mail registration form to address above or Email to:** **beetz4@aol.com**

**DONATIONS**

**We’re trying to keep the cost of the reunion affordable for everyone.**

**Any size donation would be greatly appreciated to help defray some**

**of the miscellaneous costs. $10 works great, more would be outstanding!**

**See above Payment Methods and where to send payment.**

**If you’d like to make a Memorial Donation in someone’s name, we can recognize that in a special way also. Thank you in advance for your generosity**.

**The cancellation deadline is July 21st. No refunds after that date**