

Full Name including maiden:

Address:

Street address

City

State

Zip

Landline: _____ **Cell:** _____ **Please check:** _____ flip _____ smart

Email Address: _____
(In full – print clearly, please)

_____ Sorry, I'm not able to attend. My information above is for our directory.

_____ Yes, I'll be there and here's the remaining needed information

Spouse's/guest's full name:

Reservations _____ **at \$50 Per person** **Check amount**

Any dietary restrictions (caterer will try to service):

Please mail the above section with a check, **payable to MHHS Class of '64** to:

Marie Calafiura
4351 Sturbridge Drive
Salisbury, MD 21804

_____ Yes, when it's available please send me an electronic directory to above email or at

If you have any questions, please reach Marie at 410-430-2035 or mbcalafiura@gmail.com