

CLASS OF 1966 50TH REUNION REGISTRATION FORM

Please complete and mail with check payable to “EHS CLASS OF 1966 50th REUNION” to:

EHS '66 Reunion

3 Spanish Cove Rd.

Larchmont, NY 10538-3815

Name as you would like on name tag _____

Name tag for spouse/date/friend _____

Email address _____

Mobile # _____

Please check any that apply

- Will be staying at the Crowne Plaza White Plains
- Will be going to Crowne Plaza bar Friday night
- Will attend EHS school tour Saturday afternoon
- Will need ride to EHS Saturday afternoon from Crowne
- Will attend Crowne Plaza brunch Sunday morning

COST

Thru 9/30 \$135* EHS '66 Grad// \$110* spouse/date friend

***a portion of these proceeds are used to maintain the '66 website**

**Please note there will be a 100% refund for any cancellation before 9/30.
After that date we cannot do a refund. All payment must be by check and
we cannot accept payment at the door.**

THOUGHTS TO SHARE WITH THE CLASS

PLEASE **DO NOT** SEND THIS WITH YOUR REGISTRATION.

PLEASE TYPE OUT IN THIS FORMAT AND EMAIL TO ADMIN@EHS66.COM

CHECK OUT THOSE ALREADY POSTED ON THE REUNION WEBSITE!

Favorite memory from EHS

Favorite teacher from EHS

Favorite Eastchester bar

Favorite Eastchester Deli

Number of places you've lived in since you graduated

Names and ages of children and grandchildren

Where you think you will be living at our 60th reunion

Top 3 events in your life over the last 50 years

Favorite hobby

Favorite activity

Anything else you want to share

