

**WHS Alumni Association - Florence Chapter
Homecoming 2009 – October 23rd - 25th**

**Registration Form
Weekend Activities \$55.00 per person**

Name _____ Class _____

Address _____

Home Phone # _____ Cell Phone # _____

Email Address _____

(Check the appropriate statement.)

a. I will be attending the HOMECOMING 2009 CELEBRATION:

b. I will not be attending the HOMECOMING 2009 CELEBRATION:

ENCLOSED IS MY DONATION \$ _____

Complete the table below.

Item	Quantity	Amount
<i>Registration @ \$55.00 each</i>		\$
<i>Commemorative Plate @ \$25.00 each</i>		\$
<i>Souvenir Bell @ \$15.00 each</i>		\$
<i>Souvenir Ornament @ \$12.00 each</i>		\$
	Total	\$

*Make checks payable to WHSAA. Please send this form and payment to
WHSAA P O Box 538 Florence, SC 29503 by October 1, 2009.*

AMOUNT ENCLOSED \$ _____

Thank you for your attention and support!