

# LELAND CLASS REUNION

**MAY 3, 2024**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Graduating Class Year:<sup>i</sup>** \_\_\_\_\_

**Name Tag Info: Self:** \_\_\_\_\_

**Spouse/Date:** \_\_\_\_\_

**Registration Fee: Stag: \$60 Drag: \$120**

**Friday Night Dinner: Choose One: Catfish or BBQ Pulled Pork**

**Wine and Cheese will be served during social hour**

**Cash Bar for Beer and Setups BYOB for liquor**

**How far are you traveling for reunion?** \_\_\_\_\_

**Please return your form and check payable to LHS Reunion to:**

**Debbie Lamberson**

**PO Box 944**

**Leland, MS 38756**

<sup>i</sup> For table seating purposes only.