

# Oak Bay High Class of 1967



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

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

Phone: \_\_\_\_\_ Email \_\_\_\_\_

I do \_\_\_\_\_ do not \_\_\_\_\_ plan on attending the 50<sup>th</sup> reunion.

I do \_\_\_\_\_ do not \_\_\_\_\_ plan on taking part in the tour of the school.

\_\_\_\_\_ I have special dietary needs. Please List \_\_\_\_\_

Please complete and return this form before July 30<sup>th</sup>. Even if you don't plan to attend the reunion, please complete this form so that we can update our records with your current address, phone number and email address.

Please return registration to: Sue Paterson, Chair [suepaterson49@gmail.com](mailto:suepaterson49@gmail.com)

Please send payments to Wendy Eckardt, Treasurer

E Transfers---- [wendy.eckardt@shaw.ca](mailto:wendy.eckardt@shaw.ca)

Please make cheques payable to **Oak Bay High 50<sup>th</sup> School Reunion** and mail to Wendy Eckardt 1743 Jefferson Avenue , Victoria BC, V8N2B3

Thanks very much.