

Anniversary Booklet Questionnaire

Name _____
First Last Maiden Spouse

Street Address _____

City _____ State _____ Zip _____

Alternate Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell phone _____

Email _____

Elementary school/church _____

Current church congregation _____

Closest friends in high school _____

Any friends that you've maintained contact with? _____

In 100 words or less, (give us a synopsis of the last 60 years). Children, education, job, achievements, hobbies. Please enclose a current photo for use in the Anniversary Booklet or email a photo to SDEBRAAL@LHSAGM.ORG (jpg).

- ☐ I would like my information shared so that all classmates can reconnect.
- ☐ Please keep my information confidential.
- ☐ Please do not solicit me for funding, I would only like to receive class information.
- ☐ I will not be able to attend, please mail me an Anniversary Booklet.

Please return questionnaire by June 25th.
You can also email responses to SDEBRAAL@LHSAGM.ORG