

St. Paul, St. Peter, St. Michael and Butler Catholic Schools

2nd Annual Alumni Welcome Home Weekend



RESERVATION FORM

Please return this completed form and payment by Friday, September 23, 2011 to:
Butler Catholic School, Alumni Reunion Committee, 515 E. Locust Street, Butler, PA 16001

_____	_____	_____
Name	Maiden	Class Year
_____	_____	_____
Email	Telephone	School Attended
_____	_____	_____
Address	City	State Zip

Adult Alumni Reception: Friday, October 7

_____ reservation(s) @ \$10 (per person) \$ _____
 Guest Name: _____

Saint Michael School Campus Tour: Saturday, October 8

_____ reservation(s)– FREE

Alumni Victorian Tea: Saturday, October 8

_____ reservation(s) @ \$19 (per person) \$ _____
 Guest Name: _____
 Guest Name: _____

Alumni Maridon Museum Tour: Saturday, October 8

_____ reservation(s) @ \$4 (per person) \$ _____
 Guest Name: _____
 Guest Name: _____

Saint Peter Alumni Mass: Saturday, October 8

_____ reservation(s)– FREE

Golf Outing: Saturday, October 8

9 Holes w/ Cart

_____ reservation(s) @ \$17 (per person) \$ _____
 Guest Name: _____
 Guest Name: _____
 Guest Name: _____

18 Holes w/ Cart

_____ reservation(s) @ \$29 (per person) \$ _____
 Guest Name: _____
 Guest Name: _____
 Guest Name: _____

_____ My Foursome is listed above
 _____ Please assign me to another team

Welcome Home Event: Sunday, October 9

_____ reservation(s)– FREE

TOTAL AMOUNT ENCLOSED \$ _____

Enclosed is my check made payable to
 Butler Catholic School for \$ _____
 or charge \$ _____ to my Mastercard/VISA/Discover
 Account # _____
 Exp. Date: _____
 Signature: _____

Please return this form and payment to:
Butler Catholic School
Attn: Alumni Reunion Committee
515 E. Locust Street
Butler, PA 16001

MAKE YOUR RESERVATION BY
SEPTEMBER 23, 2011