

REUNION RESERVATION:

First Name:	Maiden Name:	Last Name:	
Guest Name:			
Mailing Address:			
City, State, Zip			
Email:			
Phone:			

Number attending ____ x \$70 or \$80 if after July 10 = \$_____

Make checks payable to: Castle High School Class of 1982

Mail payments to:

Castle Reunion 1511 Kaumoli St. Pearl City, HI 96782