

# ALUMNI DINNER RSVP

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

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

# Attending Mass _____	Guest Name: _____
# Attending Dinner _____	Alumnus? _____ Class Year: _____
I'm interested in scheduling a tour: _____	School Attended: _____
_____ I am/was a teacher at St. Michael, St. Paul, St. Peter or Butler Catholic School.	

**DINNER PAYMENT:**  
Please make checks payable to Butler Catholic School.

Check \_\_\_\_\_, Cash \_\_\_\_\_

Early Registration \$17.50 / Person by September 15th  
Registration \$22.00 / Person by September 29th

Please charge \$ \_\_\_\_\_ to my VISA/MC/Discover  
Credit Card #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

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

We would like to "REMEMBER" those that have passed since our last gathering, if you know of an Alum that has passed, please let us know so we can include them in our Remembrance:

I'd like to remember: _____	Class of: _____
I'd like to remember: _____	Class of: _____
I'd like to remember: _____	Class of: _____
I'd like to remember: _____	Class of: _____

\*\*\* If you have more you would like to include, please feel free to include an additional page.

**PLEASE TURN OVER THIS PAGE TO INCLUDE YOUR CLASS NOTES!**