



# BHS Class of '71 50th Reunion Ticket Order Form

Name \_\_\_\_\_

Guest Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

If married maiden name: \_\_\_\_\_

I would like to purchase tickets for the following:

- Saturday Class of '71 Reunion, Oct. 2 (\$105/person) \_\_\_\_\_
- Friday night tailgate party, Oct. 1 (Adults \$35; kids under 12 \$20) \_\_\_\_\_
- I would like to make a donation to the BHS Class of 1971 Alumni Scholarship \_\_\_\_\_

Total number of tickets requested:

Reunion @ \$105/ea. \_\_\_\_\_

Tailgate adult @ \$35 ea. \_\_\_\_\_

Tailgate children @ \$20 ea. \_\_\_\_\_

Scholarship donation \$ \_\_\_\_\_  Make my donation confidential.

Total order amount \$ \_\_\_\_\_

Please make checks payable to:

Bloomfield Educational Foundation, PO Box 1358, Bloomfield, NJ 07003

We look forward to seeing you at the Reunion!

Visit our website: <https://bloomfieldeducationalfoundation.org>