



*Registration Form*

*Full Name:* \_\_\_\_\_

*Mailing Address:* \_\_\_\_\_

*City, State, Zip Code:* \_\_\_\_\_

*Email Address:* \_\_\_\_\_

*Phone Number:* \_\_\_\_\_

*Graduation Year:* \_\_\_\_\_

*Level of Membership:* \_\_\_\_\_

*Optional Items:* \_\_\_\_\_ *Event Pass* (Please check preference) \_\_\_\_\_ *Shirt*

*Please return form with check or money order to:*

*Patrick County High School Alumni Association  
PO Box 211  
Stuart, Virginia 24171*

*"Working Together for the Benefit of Patrick County High School"*