



SJSS 25TH REUNION DOUBLE PERSON REGISTRATION FORM



Please make your check in the amount of \$90.00 payable to St. Joseph's Catholic Secondary School and send it along with this completed form to the following address:

St. Joseph's Catholic Secondary School Reunion
1500 A Cumberland Street
Cornwall, Ontario
K6J 5V9

Please complete the following information:

First Name: Last Name:

Address: City:

Province: Country:

Postal Code: Home Phone:

Work Phone: E-mail Address:

Last Year you attended St. Joseph's

Please check the box to allow your name and email address to be posted on the site.

Spouse's First Name: Spouse's Last Name:

Maiden Name (if applicable)

Address: City:

Province: Country:

Postal Code: Home Phone:

Work Phone: Spouse's E-mail Address:

Did your spouse attend St. Joe's _____

Please check the box to allow your name and email address to be posted on the site.