



## Hello, Bull Dog!

Here's your "official" invitation and registration form (next page) for the

### CHS / CNHS 150<sup>th</sup> Anniversary Gala Reunion

This is the exciting final event of our 150<sup>th</sup> Anniversary Celebration.

**What:** CHS / CNHS 150<sup>th</sup> Anniversary Gala Reunion

**When:** Saturday, May 11, 2019  
5 – 10 PM

**Where:** [Mill Race Center](#)  
900 Lindsey St  
Columbus, Indiana 47201

There are several key elements to remember as you register, as we are trying to collect the best information to provide special recognition, as needed:

- Cost is \$20 per person
- Please include your name and contact info along with your guest's name. Please include contact info for your guest, if your guest is an alumnus or former staff member
- For alumni, please provide maiden name (if applicable)
- Be sure to reserve your seat(s) ASAP to help with proper planning for food and seating!
- YOUR attendance is what will make this event GREAT!
- If you have ANY questions, please email them to: [CNHSALUMNI@bcsc.k12.in.us](mailto:CNHSALUMNI@bcsc.k12.in.us)

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### Evening Schedule Saturday, May 11<sup>th</sup>, 2019

5:00 PM	Registration – Meet & Greet - Cash Bar available
6:00 PM	Heavy hors d'oeuvres available
7:00 PM	Program and entertainment by Debuteens and Music Men (alumni and current group)
7:45 – 10:00PM	Mix and Mingle (time for reminiscing and catching up with classmates and especially retired teachers & staff)

## REGISTRATION

Please provide info on form below, and mail with your payment to:

**Bull Dog Alumni Association**  
**1400 25<sup>th</sup> St.**  
**Columbus, IN 47201**  
**Attn: Hedy George**



### REGISTRATION FORM – CHS / CNHS 150<sup>th</sup> Anniversary Gala Reunion

Please return this page with your payment

**Your Name** \_\_\_\_\_ Maiden (if alum) \_\_\_\_\_

If Alumnus                  Graduating Class          \_\_\_\_\_

If Faculty / Staff        Years at CHS/CNHS        \_\_\_\_\_

Position(s)                  \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone(s)                  \_\_\_\_\_

Email (please print clearly!) \_\_\_\_\_

**Guest Name** \_\_\_\_\_ Maiden (if alum) \_\_\_\_\_

If Alumnus                  Graduating Class          \_\_\_\_\_

If Faculty / Staff        Years at CHS/CNHS        \_\_\_\_\_

Position(s)                  \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone(s)                  \_\_\_\_\_

Email (please print clearly!) \_\_\_\_\_

**Number Attending** \_\_\_\_\_ (x \$20 Registration Fee)      **Check Enclosed for** \$ \_\_\_\_\_

Please make Check Payable to: **Bull Dog Alumni Association, Inc.**