

The Alumni Association of Reading High School
Annual Reunion and Recognition Banquet

Saturday, May 18, 2024

Location: The DoubleTree Hotel, 701 Penn Street, Reading, PA

- Out-of-town guests should contact the DoubleTree at (610) 375-8000 to reserve a room.
- **Parking is free**, but be sure to **enter your license plate number into one of the kiosks** located in the Ballroom foyer **before exiting the garage**.

Program Schedule:

- Registration and socializing will begin at 10:00 AM.
- The formal program will begin at 10:30 AM and Lunch will begin promptly at 12:00 Noon.
- Our program will resume at 1:00 PM and conclude by 2:00 PM.

Luncheon Menu:

- Salad & Rolls; Vegetables & Starch; Dessert Tray; Coffee, Assorted Teas, and Soda Products.
- Entrée Choices: French Cut Chicken, Braised Brisket, and Polenta Cake Bolognese (Vegetarian).

Reservation Information:

- The cost is \$35.00 per person, and the number of guests at each table is limited to eight (8).
- Note that the payment for all those listed below must accompany the reservation form.
- Checks should be made payable to **“The Alumni Association of Reading High School”**.
- Please mail the “Banquet Reservation Form” and your payment to:
RHS Alumni Association, P.O. Box 14722, Reading, PA, 19612
- Contact Ted Jamula at (610) 914-4253 if you have a question or a seating request.
- **Note that the due date for reservations is Monday, May 6, 2024.**

RHS Alumni Association

Banquet Reservation Form - 2024

Print the name of each member in your group below, including maiden name, and circle the entrée choice.

1. Name: _____ RHS Class: _____ Chicken - Brisket - Veg
2. Name: _____ RHS Class: _____ Chicken - Brisket - Veg
3. Name: _____ RHS Class: _____ Chicken - Brisket - Veg
4. Name: _____ RHS Class: _____ Chicken - Brisket - Veg
5. Name: _____ RHS Class: _____ Chicken - Brisket - Veg
6. Name: _____ RHS Class: _____ Chicken - Brisket - Veg
7. Name: _____ RHS Class: _____ Chicken - Brisket - Veg
8. Name: _____ RHS Class: _____ Chicken - Brisket - Veg

Number of Guests @ \$35.00 each = _____

Total Amount Enclosed = _____

My Name: _____

Date: _____

Email: _____

Phone # _____

Please detach and return this form with your payment by Monday, May 6, 2024.