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 Our alumni year runs from one Homecoming to the next. Please assist us in keeping our records current, funding our activities and scholarships, and providing this newsletter by returning the form below with your current contact information and dues of only \$5.

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## *SCHS/HHS ALUMNI REGISTRATION FORM*

*Send with \$5 per alumnus to: SCHS/HHS Alumni Assoc., PO Box 427, Hoxie, KS 67740*

_____ FIRST NAME	_____ (MAIDEN) OR MIDDLE	_____ LAST NAME	_____ GRAD YR
_____ FIRST NAME	_____ (MAIDEN) OR MIDDLE	_____ LAST NAME	_____ GRAD YR
_____ MAILING ADDRESS		_____ CITY	_____ STATE
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