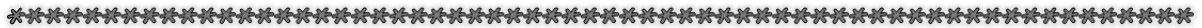




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## *SCHS/HHS ALUMNI REGISTRATION FORM*

*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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