MEMORIAL COMPOSITE HIGH SCHOOL REGISTRATION FOR GRADUATION 2020

Preferred Last Name



PERSONAL INFORMATION

Please print your preferred name **EXACTLY** the way you would like to see it printed in the Graduation program and on your school awarded diploma.

Preferred First Na	me			
Mailing Address				
City/Town		Postal Cod	Postal Code	
Home Phone # With Area Code		Cell # With Area Cod	Cell # With Area Code	
Please check your	Option choice:			
Graduatio	NA - \$65.00 on Exercises (cap, tassel, s ss Composite	school awarded diploma); Gra	ad photo sitting fee; copy of the	
OPTION	NB - \$50.00			
Graduation No Grad	on Exercises (cap, tassel, sc Portrait Session – Please ha	*	of the Grad Class Composite taken during Grad photo days or to appointment required, no fee.	
OPTION	N C - \$35.00	-		
		the Grad Class Composite		
OPTION	JD -			
	cipating in Graduation Ex	ercises or Banquet		
Amount Paid		Payment by		
Receipt #		•	ade on-line through the nt Portal or cheques payable to ivision.	

Please note that your payment DOES NOT include a ticket for the Graduate to the Banquet/Dinner/Dance or Ceremony!