



DCHS Scouts Alumni

Registration Form

Alumni Member Name: _____ Class of: _____
(please include maiden name if applicable)

Spouse/Guest Name: _____ Are they Alumni? Yes No

If yes, Class of _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone (with area code): (_____) _____

Email _____

Best way to reach you: Phone Mail Email

_____ Alumni Banquet-DCHS Alumni and/or Non-Alumni \$35 each, includes Alumni Newsletter

_____ Alumni Newsletter only, \$20

_____ Additional Donation to DCHS Alumni Assn.

Total Enclosed: _____

***If you are interested in
participating in the
Alumni Golf Tournament,
please contact
Branden at 402-641-5169.***

Please make check or
Money order payable to:

DCHS Alumni Association

MAIL FORM AND PAYMENT TO:

**DCHS Alumni Association
PO Box 336
David City, NE 68632**



Please take a few moments to complete the survey. The Alumni committee is always looking for ways to improve your banquet experience.

Questionnaire Link: <https://forms.gle/6hThnpigidhfWWEa7>