Junipero Serra High School
14830 S. Van Ness Avenue
Gardena, California 90249

Class of 1965 ~ 50 Year Reunion

Dates: **Saturday, May 30 ~ REUNION DINNER**

4:00 Mass/Campus Tour / 5:00 Cocktail Hour / 6:00 Dinner

7:00-10:00 Catch Up on Old Times / Music to Dance

Sunday, May 31 ~ PICNIC 12:00-4:00

Location: **Junipero Serra High School ~ Gymnasium**

14830 S. Van Ness Avenue

Gardena, CA 90249-3700

Attire: **California Casual**

Fees: **$45/person** includes **Italian Cuisine / Beverages / Picnic**
(Tax deductible)

REGISTRATION FORM

(Return as soon as possible no later than May 15th)

Names: _____ **Grad Year:** _____

School: (if not Serra) _____

Address: _____ **City:** _____ **State:** ___ **Zip:** _____

Phone: ( ) _____ **E-Mail:** _____

Number of tickets ____ **x $45 (Reunion & Picnic) = $** _____

COMPLETE REGISTRTION FORM and **MAIL TO SERRA** before May 15th.

SPREAD THE WORD — Call your old pals and talk up the reunion.

For more information please contact:

Tony Mannara '65
Reunion Chairman
(714) 394-2788
TMannara@aol.com

Vince Kates '61
Alumni Coordinator
(310) 324-6675 x1010
VBKates@la-serrahs.org

Joe Cormier '81
Development Director
(310) 324-6675 x1017
JCormier@la-serrahs.org

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Donation Page

Serra has a continuing need in their Tuition Assistance Fund. If you Currently make donations to Serra, please consider directing a portion of your donation to the **Invest in a Student** fund.

Invest in a Student _____
Angie's Memorial Fund _____
Father Jorge Da Silva Memorial Scholarship Fund _____
Alumni Legacy Tile ($200) _____

TOTAL _____

TO REGISTER: Go to **www.la-serrahs.org**

OR

Complete the Registration Form and **Mail with Your Check** payable to:

Junipero Serra High School
Attn: 1965 Reunion
14830 S. Van Ness Ave.
Gardena, CA 90249-3700

(Please notate "1965 Reunion" on your check.)

(All donations will be confirmed by Serra to meet IRS Tax Deductible donation requirements.)

Credit Card Information

Name on Credit Card: _____

Type of Card: _____ Credit Card Number: _____

Expiration Date: ____ / ____ 3 or 4 Digit Code: _____ Billing Zip Code: _____

Signature: _____ Date: ____ / ____ / _____