Lawrence High School

Project Graduation

Project Graduation 2009

*Executive Committee*

**Chair:**
**Mary Ann O'Brien 584-1236**
**Treasurer:**
**Jen Logue 497-6411**
**Secretary:**
**Phyllis Oppenheimer 895-1041**

# Project Graduation Registration

(Project Graduation is free to all graduating LHS seniors)

**RETURN THIS SLIP TO THE LHS ADMINISTRATION OFFICE BY JUNE 19**

LHS Senior Name _____ _____ _____
First Initial Last

Parent Contact Phone Number: _____

☐ **Yes, I will attend Project Graduation 2009**

**All Seniors are allowed to bring one guest ($20 guest fee).**

**GUEST INFORMATION**
**MUST BE SUBMITTED PRIOR TO GRADUATION.**

☐ **I will bring a guest. My guest name is:**

_____ _____ _____
**First** **Initial** **Last**

**School Guest Attends:**_____**Grade:**_____

_____
**Street Address of Guest**

_____
**Town**

_____
**Guest Parent/Guardian Signature**

_____
**Guest Parent Contact Phone Number For Night of Graduation**

**Please attach $20 CASH,**
**in an envelope with your name on it, for your guest.**