



WOODBRIDGE HIGH SCHOOL
Vocal Music Department

Alumni Association

YES! Please reserve my space at the Alumni Association pre-*Broadway Rocks!* Reception on May 25th!

My name: _____ Class of: _____

Email: * _____ Phone: _____

Total number of people attending: _____

** By giving us your email, you authorize us to send you timely information regarding the WHS Vocal Music Department and Alumni affairs. You may opt out at any time.*

YES! Please reserve my seat(s) for the *Broadway Rocks!* concert on May 25th!

Total number of seats: _____ x \$8.00 = \$ _____

Please hold my tickets at Will Call under the name: _____

Yes! I would like to make a tax-deductible donation to the WHS Vocal Music Department.
(Please make check payable to WHS)

Amount: \$ _____ Check #: _____

The Voices of Warriors