

2nd Le Sueur All School Reunion

(students who attended school 25 years ago or more)

Number of people attending _____

Amount of money enclosed _____

Name: _____

(please give maiden name where applicable)

class of: _____

Address: _____

City, State, Zip Code: _____

E-mail address: _____

Please return this form and payment by

September 2, 2008 to:

Jane King

418 So. Main St.

Le Sueur, MN. 56058

