



Roosevelt High School Class of 1976
Des Moines, Iowa
50 Year Reunion
August 14th & 15th, 2026

REUNION REGISTRATION FORM

First Name _____ Last Name _____ Maiden _____

Address _____

City _____

State _____

Zip _____

Country _____

Phone _____

Email address _____

Attending the reunion? Yes No

Number to attend Friday evening 5:30 – 10:00 p.m. August 14th at Waveland Clubhouse: _____ (\$25/per person)

Number to attend Saturday morning 10:00 a.m. August 15th tour of Roosevelt: _____ (free event)

Number to attend Saturday evening 6:00 – 10:00 p.m. August 15th at Wakonda Clubhouse: _____ (\$50/per person)

Spouse/Partner/Guest attending? Yes No

Spouse/Partner/Guest Name _____ (first & last)

I'd like to help sponsor the event. Please find enclosed – \$50.00 \$100.00 \$200.00
 Other Amount (\$_____). Sponsors will be recognized.

Total amount enclosed: \$ _____

Please return your registration form and payment **before August 7, 2026**. Make your payment to **Roosevelt Class of 1976 Reunion** and send your completed form and payment to:

Tom Sullivan
Roosevelt Class of 1976 Reunion
729 55th Street
Des Moines, IA 50312-1826

We look forward to seeing you the weekend of August 14th & 15th!