

**Captain Shreve Alumni Association
Information Form**

First Name: _____ Last Name: _____

Middle/Maiden Name: _____ Class of: _____

Spouse First Name: _____ Spouse Last Name: _____

Spouse Middle/Maiden Name: _____ Class of: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Profession/Occupation: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Dues \$25 (please check):

Spouse Dues \$25 (please check):

Children (who are graduates of Captain Shreve):

Name: _____ Class of: _____ Dues \$25:

Address (if different): _____

Name: _____ Class of: _____ Dues \$25:

Address (if different): _____

Name: _____ Class of: _____ Dues \$25:

Address (if different): _____

Name: _____ Class of: _____ Dues \$25:

Address (if different): _____

Mail completed form to: Captain Shreve High School
c/o Alumni Association
6115 East Kings Highway
Shreveport, Louisiana 71105