

**BLESSED SACRAMENT SCHOOL**

**Alumni Registration Form**

Please print form, fill it out, and mail to

Blessed Sacrament School

21 Westfield Road

Holyoke, MA 01040

Attn. Alumni Committee

OR Fax to **(413)534-0795** Attn. Alumni Committee

Name: (Maiden also, if applicable) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code \_\_\_\_\_

State: \_\_\_\_\_ Country \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail \_\_\_\_\_

Year graduated from B.S. \_\_\_\_\_

Additional Information \_\_\_\_\_  
\_\_\_\_\_

Other B.S. Alumni you may know-

NAME	ADDRESS	YR. GRAD.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Thank you! Blessed Sacrament Alumni Committee