

CCJHS 1960

The reward of a thing well done is to have done it.



Dinner reservations due by August 31st.

Our 61st class reunion will be held on Wednesday September 15, 2021 at Eagle Glen Event Center, 125 S. Eagle Glen Trail, Columbia City. Social hour begins at 5 p.m. and dinner will be served at 6:00 p.m. The Class of 1959 will be joining us for this reunion.

A private tour of the new high school will be held before the social hour & dinner. To attend, meet at the main entrance of the new CCHS, 1600 St. Rd. 9, at 4 pm.

Please complete & return the reservation form on the next page by August 31st. Also the personal update form even if you're not going to attend the reunion.

Our two entrée buffet dinner will be catered by Ceruti's Catering. Cost is \$15/person. The actual cost is \$35/person but our class reunion fund is subsidizing \$20 of the cost. We are doing this to reduce the reunion fund because future reunions will be held at restaurants where we can order from the menu & pay for our own dinners.

The reunion committee encourages you to update your alumni profile on the CCHS Alumni Association website at www.cchsaa.org. Brenda is the webmaster, so contact her if you have any questions or problems.

Attend our 61st and help make it our best reunion yet!

Your 61st Reunion Committee,

Sharlene, Brenda & Lenna

Sharlene Heupel Berkshire Land: 260-244-3391
Email: berkshir@rexnet.net
3630 W. Old Trail Rd., Columbia City, IN 46725

Brenda Reeg Robison Land: 317-844-1516
Email: BooksBoop@aol.com
8905 Washington Blvd. West Dr, Indianapolis, IN 46240

Lenna Rouse Burnham Cell: 305-923-6362 (all year)
Email: lennajeffery@yahoo.com
Summer: 403 N. Walnut St., Columbia City, IN 46725
Winter: 1439 E. Desert Starling Ln, Tucson, AZ 85737

2021 UPDATE of PERSONAL INFORMATION - CCJHS 1960

FULL NAME: _____ (_____)
First Middle Last Maiden

MARITAL STATUS (Circle One): Married Single Divorced Widowed Other

SPOUSE OR PARTNER'S NAME: _____

MAILING ADDRESS: (Summer) _____
(Winter) _____

PHONE: Home _____ Cell _____ Work _____

EMAIL: _____ BIRTH DATE (mm-dd-yyyy): _____

BEST PERSON TO CONTACT IF WE LOSE TOUCH WITH YOU:

Name & Relationship: _____

Address: _____

Phone: _____ Email: _____

Reservation & payment for dinner:

Enclosed is \$ _____ for ___ dinners at \$15 per person. Make checks payable to Brenda Robison.

Return this page by Aug 31st to:

Brenda Robison
8905 Washington Blvd. West Dr
Indianapolis, IN 46240