



## St. Timothy Catholic School Alumni Register Registration Form

Welcome back! Please take a few moments to provide us with the following information to be included in the St. Timothy Catholic School Alumni Register:

Name: \_\_\_\_\_

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

Graduation Year: \_\_\_\_\_

To be invited to special events and to learn about the new and exciting things that are happening at St. Timothy School, please provide us with as much of the following information as you feel comfortable giving:

Address:

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

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

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Current Occupation and Accomplishments: \_\_\_\_\_

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Mail or fax this completed form to:

**St. Timothy Catholic School**  
**10479 West Pico Boulevard**  
**Los Angeles, California 90064-2307**  
**ATTN: ALUMNI RELATIONS COMMITTEE**  
**Fax: (310) 470-1391**

If you have kept in touch with any fellow St. Timothy alumnus, send them this form and encourage them to be included in the Register.