**Tell Us About You…** *your life, your thoughts, your experiences/opinions, trips taken, reunions you've attended, any movies or classes you've attended….*

Please print legibly. Date/Year: Graduating Class of:

Name: Maiden Name:

Contact Address:_____

City_____ Zip Code_____

Phone Number (____)_____ Email_____

*Send *The Pulse* submissions to the PO Box: CHSNAA, PO Box 88585, Los Angeles, CA 90009