

CATHOLIC CENTRAL HIGH SCHOOL

Alumni Association



Character Courage Heart Spirit



320 WEST VIEW
STEUBENVILLE, OH 43952
Phone 740-265-5538 Fax 740-264-5443
Website www.steubenvillecatholiccentral.org

Name: _____ (Maiden) _____

CCHS Class of _____

Occupation: _____ Employed at: _____

Spouse's name _____ (Maiden) _____

CCHS Class of: _____

Occupation: _____ Employed at: _____

Your Address: _____

City: _____, State _____ Zip: _____

E-mail address: _____

If your child(ren) graduated from Catholic Central please include their name, address, and year graduated:

Please use back if needed.

Membership dues are \$15.00 checks may be made payable to CCHS Alumni

I would like to be a member of the Alumni Association ____.

I would prefer to receive the newsletter by U.S. mail ____ my e-mail ____.

I am not interested in receiving the newsletter at this time ____.

I use classmates.com ____ facebook ____ my E-mail ____ to communicate with classmates.