



ALUMNI ASSOCIATION  
REGISTRATION FORM

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

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

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

Phone: \_\_\_\_\_

Parish: \_\_\_\_\_

Email: \_\_\_\_\_

Class of:(School): \_\_\_\_\_ (Year): \_\_\_\_\_

HOLY CROSS SCHOOL  
1331 Miranda St. Las Cruces, NM 88005  
Info 575-526-2517