Form 1050 – Fillmore High Alumni Association

Historical Archive Submission Form

First Name:_____ Last Name:_____

Maiden Name:_____ Year Graduated:_____

Today's Date:_____

Type of Materials:_____

Origin of Materials:_____

Date of Materials:_____

Detailed Description: (who, what, when, where and why of the items(s)):_____

Please return to the Fillmore High Alumni Association Office.
P.O. Box 385 Fillmore, CA. 93016-0385
(805) 524-0416
staff@fillmorehighalumni.com