



Wichita West High School Pioneer Alumni Association



4" x 8" BRICK ORDER FORM

Name _____ Class of _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

WITH CONTRIBUTION TO WEST HIGH SCHOOL, INDIVIDUALS MAY HAVE A PERSONALIZED BRICK WITH HIS/HER NAME, A FRIEND'S NAME OR SOMEONE THEY CHOOSE TO HONOR, PLACED IN THE PIONEER TRAIL SIDEWALK. PROCEEDS WILL BE USED TO PROVIDE SERVICES TO STUDENTS WITH ACADEMIC NEEDS AND IMPROVE THE GRADUATION RATE.



With logo



Without logo

4" x 8" Sidewalk Brick Fill in desired message in spaces below LEAVE SPACES WHERE NECESSARY

1																		
2																		
3																		

(NOT RESPONSIBLE FOR SPELLING OR GRAMMAR - CONTENT SUBJECT TO COMMITTEE APPROVAL)

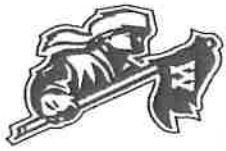
I WISH TO:

- PLACE A 4" X 8" BRICK IN THE SIDEWALK \$ 60.00
- ADD A LOGO # _____ (Add \$5.00) \$ _____
(see reverse side for logo)
- MAKE AN ADDITIONAL CONTRIBUTION \$ _____
- TOTAL \$ _____**

Make checks payable to:
**WICHITA
WEST HIGH SCHOOL**

Mail order to:
**West High School
820 S. Osage
Wichita, KS 67213**





West High School Pioneer Alumni Association

For Official Use Only

Order No. _____

8" x 8" BRICK ORDER FORM

Name _____ Class of _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

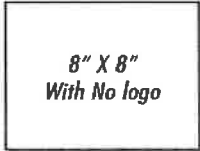
WITH CONTRIBUTION TO WEST HIGH SCHOOL, INDIVIDUALS MAY HAVE A PERSONALIZED BRICK WITH HIS/HER NAME, A FRIEND'S NAME OR SOMEONE THEY CHOOSE TO HONOR, PLACED IN THE PIONEER TRAIL SIDEWALK. PROCEEDS WILL BE USED TO PROVIDE SERVICES TO STUDENTS WITH ACADEMIC NEEDS AND IMPROVE THE GRADUATION RATE.

8" x 8" Sidewalk Brick Fill in desired message in spaces below LEAVE SPACES WHERE NECESSARY

1																				
2																				
3																				
4																				
5																				

(NOT RESPONSIBLE FOR SPELLING OR GRAMMAR - CONTENT SUBJECT TO COMMITTEE APPROVAL)

**4 LINES
OF PRINTING
WITH LOGO**



**5 LINES
OF PRINTING
WITH NO LOGO**

I WISH TO:

- PLACE A 8" X 8" BRICK IN THE SIDEWALK \$ 120.00
 - ADD A LOGO # _____ (Add \$5.00) \$ _____
(see below for logo)
 - MAKE AN ADDITIONAL CONTRIBUTION \$ _____
- TOTAL \$ _____**

**Make checks payable to:
WICHITA
WEST HIGH SCHOOL**

**Mail order to:
West High School
820 S. Osage
Wichita, KS 67213**

 STUDENTS NAME HERE 2021 #1 Football	 STUDENTS NAME HERE 2021 #2 Baseball/Softball	 STUDENTS NAME HERE 2021 #3 Basketball	 STUDENTS NAME HERE 2021 #4 Volleyball	 STUDENTS NAME HERE 2021 #5 Intellectual	 STUDENTS NAME HERE 2021 #6 Track & Field	 STUDENTS NAME HERE 2021 #7 Swimming	 2021 #8 WHSW Logo
 STUDENTS NAME HERE 2021 #9 Wrestling	 STUDENTS NAME HERE 2021 #10 Music	 STUDENTS NAME HERE 2021 #11 Theatre	 STUDENTS NAME HERE 2021 #12 Flag	 STUDENTS NAME HERE 2021 #13 Angel	 STUDENTS NAME HERE 2021 #14 Heart	 STUDENTS NAME HERE 2021 #15 Cheerleader	

For details & questions please contact: Bill Reagan (Class of 1964) | 316.755.3501 | wreagan1@cox.net