



**BC School for the Deaf Alumni Association celebrates
110th Anniversary of British Columbia School for the Deaf**

Come and join our 17th Reunion!



WHEN: Thursday June 26th to Saturday June 28th, 2025

Combo Package includes

**All registration, program book, Open House at BC School for the Deaf,
Drama Show, Wine & Cheese Friday Night (Back in the Future Theme),
Dinner Banquet (at Hilton Inn in Metrotown) and door prizes.**

Buy tickets now to avoid the disappointment.

No tickets will be sold at the door.

Deadline by June 4th, 2025

Non-Refundable / Non-Transferable

We reserve the right to change without notice in our advertisement.

For more information or questions, please email to:

bcsdaa2025@gmail.com

We will reply within 48 hours.

Please mail payment with registration form to:

BCSD Reunion 2025, Room G207

5455 Rumble Street, Burnaby, BC V5J 0B2

*A non-profit organization committed to raising funds toward our BCSDAA's Student Awards,
Reunion 2025, Archives and promotion of BCSD History to all Mainstream, Inclusive, and
Self-contained classrooms in BC.*



REGISTRATION FORM – UPDATE

Please print one form clearly per person

Early Bird Combo (Now to April 30, 2025) **\$150.00 X ____ = \$ ____**

Combo (May 1 to June 4, 2025) **\$180.00 X ____ = \$ ____**

Early Bird Dinner Only (Now to April 30, 2025) **\$110.00 X ____ = \$ ____**

Dinner Banquet only (May 1 to June 4, 2025) **\$140.00 X ____ = \$ ____**

TOTAL: \$ ____

**Pay by cash, cheque or Money Order payable to “BCSD Reunion 2025”
or E-Transfer to 2025reuniontreasurer@gmail.com**

First Name: _____ **Last Name:** _____

Last name before your marriage: _____

Email: _____ **Text:** _____

Address: _____ **City:** _____

Province: _____ **Postal Code:** _____

Please marked which school and what year you attended in BC.

____ **Guest / Spouse (Not a former BC student)**

____ **School for the Deaf and Blind (SDB)** **Year From** _____ **To** _____

____ **Jericho Hill School for the Deaf (JHS)** **Year From** _____ **To** _____

____ **Provincial School for the Deaf (PSD)** **Year From** _____ **To** _____

____ **BC School for the Deaf (BCSD)** **Year From** _____ **To** _____

____ **Name of other school(s) you attended in BC:**

(Off campus, Mainstream, Inclusion, and/or Self-contained classrooms)

1) _____ **Year From** _____ **To** _____

2) _____ **Year From** _____ **To** _____