FLYER & REGISTRATION FOR DEAF BLIND

BC School for the Deaf Alumni Association celebrates

110th Anniversary of British Columbia School for the Deaf

Come and join our 17th Reunion!

*Four logos removed: BCSDAA, SDB 1936-1954
JHS 1954-2000 and BC Provincial School for the Deaf*

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 \_\_\_\_\_\_\_\_\_