



**2nd Annual
MPI Alumni! HO! HO! HO-liday!
Lunch with Santa
Saturday, December 5, 2009
10 a.m.-1 p.m.
MPI Elementary School Dining Room**

*He's makin' a list ...
and checkin' it twice ...
Join us whether you're
naughty or nice!*



**MID-PACIFIC INSTITUTE
OFFICE OF ALUMNI RELATIONS
ALUMNI HOUSE
2445 KA'ALA STREET
HONOLULU, HI 96822**

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Address Service Requested

*2nd Annual MPI Alumni
HO! HO! HO-liday! Lunch with Santa
Saturday, December 5, 2009*

*Come and have some HO! HO! HO-liday fun
with fellow MPI alumni and their families!*



**Santa Claus is on his way!
Come and celebrate with us on this day!**

You and your immediate family are invited to attend the
2nd Annual MPI Alumni HO! HO! HO-liday! Lunch with Santa

DATE: Saturday, December 5, 2009
TIME: 10 a.m.-1 p.m.
PLACE: MPI Elementary School Dining Room
COST: \$10 per person (includes a pasta lunch, Christmas crafts, holiday games, and a special visit with Santa Claus)

Since space for this event is very limited (first 130 to turn in their form and payment), we must limit this lunch to MPI alumni and their immediate families only. Please refrain from bringing extra guests as we would like to have as many alumni attending this event as possible. If space becomes available, we will open it up to extended families and friends. You will be notified if we are UNABLE to accommodate your reservation.

If you would like to attend, please fill out the form below and mail it to:
**MPI Alumni HO! HO! HO-liday! Lunch with Santa,
2445 Ka'ala Street, Honolulu, HI, 96822.**

PLEASE REMEMBER TO BRING YOUR CAMERA!

*For more information, contact
Alumni Director Kerry Wheeler at alumni@midpac.edu or 951-8856.*

MPI Alumni HO! HO! HO-liday! Lunch with Santa

Since we can only accommodate 130 people at this lunch, we must limit the attendees to MPI alumni and their immediate families (i.e. alumni, his/her spouse, and their children and/or grandchildren).

Number of Adult(s) and Children (ages 11 and above) Attending:
(If applicable, please indicate maiden name and MPI Class.)

Name: _____ MPI Class: _____
Name: _____ MPI Class: _____

Number of Children (ages 10 and under) Attending:
(If applicable, please indicate the MPI Class.)

Name: _____ Age: _____ MPI Class: _____
Name: _____ Age: _____ MPI Class: _____

Address, City, State, Zip: _____

Daytime Phone: _____ E-mail Address: _____

_____ attendees @ \$10 each = _____

Please make checks payable to: Mid-Pacific Institute.