

517th PARACHUTE REGIMENTAL COMBAT TEAM ASSN. REUNION ACTIVITY REGISTRATION FORM

Listed below are all registration, tour, and meal costs for the reunion. Please enter how many people will be participating in each event and total the amount. Send that amount payable to ARMED FORCES REUNIONS, INC. in the form of check or money order. Your cancelled check will serve as your confirmation. Returned checks will be charged a \$20 fee. **You may also register online and pay by credit card at www.armedforcesreunions.com/517prct**. All registration forms and payments must be received by mail on or before May 23, 2008. After that date, reservations will be accepted on a space available basis. All new registrations accepted at the reunion will be charged a \$10 onsite processing fee. We suggest you make a copy of this form before mailing. Please do not staple or tape your payment to this form.

Armed Forces Reunions, Inc.
PO Box 11327
Norfolk, VA 23517
ATTN: 517th Parachute

OFFICE USE ONLY

Check # _____ Date Received _____
Inputted _____ Nametag Completed _____

CUT-OFF DATE IS 5/23/08	Price Per	# of People	Total
<u>REGISTRATION PACKAGE</u> Includes Saturday's Breakfast, Sunday's Banquet, Hospitality Room snacks, and other reunion expenses. <i>Please select your entrée choice(s) for the banquet:</i> Oven Roasted Beef Tenderloin Breast of Chicken w/ Roasted Shallot Demi Glace	Package Price \$79 \$79		\$ \$
<u>TOURS</u> FRIDAY: CITY TOUR FRIDAY: DINNER CRUISE SATURDAY: GRANT'S FARM SUNDAY: TRI-STATE LIVING HISTORY LUNCH FOR VETS/SPOUSES SUNDAY: TRI-STATE LIVING HISTORY LUNCH FOR OTHER GUESTS	\$39 \$65 \$30 \$27 \$37		\$ \$ \$ \$ \$
Total Amount Payable to Armed Forces Reunions, Inc.			\$

PLEASE PRINT NAME

FIRST _____ LAST _____ NICKNAME _____

CHECK ONE FOR THE PERSON LISTED ABOVE ☐ VETERAN ☐ AUXILIARY MEMBER517th COMPANY _____ OR BATTERY _____ OR OTHER UNIT _____

SPOUSE NAME (IF ATTENDING) _____

GUEST NAMES _____

STREET ADDRESS _____

CITY, ST, ZIP _____ PH. NUMBER (____) _____ - _____

DISABILITY/DIETARY RESTRICTIONS _____

(Sleeping room requirements must be conveyed by attendee directly with hotel!)

MUST YOU BE LIFTED HYDRAULICALLY ONTO THE BUS WHILE SEATED IN YOUR WHEELCHAIR IN ORDER TO PARTICIPATE IN BUS TRIPS? ☐ YES ☐ NO (PLEASE NOTE THAT WE CANNOT GUARANTEE AVAILABILITY).

EMERGENCY CONTACT _____ PH. NUMBER (____) _____ - _____

ARRIVAL DATE _____ DEPARTURE DATE _____

For refunds and cancellations please refer to our policies outlined at the bottom of the reunion program. **CANCELLATIONS WILL ONLY BE TAKEN MONDAY-FRIDAY 9:00am-5:00pm EASTERN TIME (excluding holidays)**. Call (757) 625-6401 to cancel reunion activities and obtain a cancellation code. Refunds processed 4-6 weeks after reunion.