

**517<sup>th</sup> PARACHUTE REGIMENTAL COMBAT TEAM ASSOCIATION 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.afr-reg.com/517](http://www.afr-reg.com/517). All registration forms and payments must be received by mail on or before June 8, 2009. 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.**  
**322 Madison Mews**  
**Norfolk, VA 23510**  
**ATTN: 517<sup>th</sup> Parachute**

<b>OFFICE USE ONLY</b>	
Check # _____	Date Received _____
Inputted _____	Nametag Completed _____

**CUT-OFF DATE IS 06/08/09**

	Price Per	# of People	Total
<b>REGISTRATION PACKAGE</b>			
<b>Includes Saturday's Breakfast, Sunday's Banquet, Army Band Concert, Hospitality Room snacks, and other reunion expenses.</b>	Package Price		
<i>Please select your entrée choice(s) for the banquet:</i>			
Flank Steak	\$77		\$
Oven Roasted Herb Chicken	\$77		\$
Kid's package (Ages 4-12 – includes kid-friendly dinner only)	\$37		\$
<b>TOURS</b>			
THURSDAY: TEMPLE SQUARE/MORMON TABERNACLE CHOIR	\$24		\$
FRIDAY: HILL AIR FORCE BASE/ANTELOPE ISLAND	\$52		\$
SATURDAY: CITY TOUR/GARDNER HISTORIC VILLAGE	\$37		\$
SUNDAY: KENNECOTT COPPER MINE	\$27		\$
Total Amount Payable to <b>Armed Forces Reunions, Inc.</b>			\$

PLEASE PRINT NAME

FIRST \_\_\_\_\_ LAST \_\_\_\_\_

CHECK ONE FOR THE PERSON LISTED ABOVE     VETERAN     AUXILIARY MEMBER

517<sup>th</sup> COMPANY \_\_\_\_\_ OR BATTERY \_\_\_\_\_ OR OTHER UNIT \_\_\_\_\_

SPOUSE NAME (IF ATTENDING) \_\_\_\_\_

GUEST NAMES \_\_\_\_\_

ADDRESS (STREET, CITY, ST, ZIP) \_\_\_\_\_

EMAIL \_\_\_\_\_ 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.

**REGISTER ONLINE AND PAY BY CREDIT CARD!**  
**[www.afr-reg.com/517](http://www.afr-reg.com/517)**