

8th AFHS 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. You may also register online and pay by credit card at www.afr-reg.com/8afhs. All registration forms and payments must be received on or before September 9, 2011. After that date, reservations will be accepted on a space available basis. We suggest you make a copy of this form before mailing. Please do not staple or tape your payment to this form. Returned checks will be charged a \$20 fee.

Armed Forces Reunions, Inc.
322 Madison Mews
Norfolk, VA 23510
ATTN: 8th AFHS

OFFICE USE ONLY

Check # _____ Date Received _____
 Inputted _____ Nametag Completed _____

CUT-OFF DATE IS 9/9/11

	Price Per	# of People	Total
<u>REGISTRATION FEE</u>			
Includes meeting expenses, Eaker Award expenses, and other reunion expenses.	\$45		
Reg. Fee for children ages 8-16 attending more than 1 function & staying at hotel	\$30		
<u>DUES</u>			
The principal attendee must be a member of the 8AFHS to register for this reunion. If you are not a member, please pay your yearly dues here.	\$30		\$
<u>MEAL PACKAGES</u>			
<i>Choice #1 includes 7 hotel meals beginning with breakfast on Thursday.</i>			
<i>Choice #2 includes 5 hotel meals beginning with breakfast on Friday.</i>			
Choice #1	\$189		\$
Choice #2	\$134		\$
Please select your entrée choice(s) for the Banquet:			
Beef Tenderloin		#	
Cajun Tilapia		#	
<u>SEPARATELY PRICED MEALS (if not purchasing a package)</u>			
Friday: Rendezvous Dinner (Chicken Capri)	\$39		\$
Saturday: Banquet (please select your entrée)			
Beef Tenderloin	\$44		\$
Cajun Tilapia	\$44		\$
<u>TOURS</u>			
Wednesday: City Tour	\$39		\$
Thursday: Kimmswick Historic Tour	\$60		\$
Friday: Paddlewheeler Cruise	\$48		\$
Saturday: St. Charles Historic Tour	\$33		\$
Total Amount Payable to Armed Forces Reunions, Inc.			\$

MEMBER NAME (for nametag) _____ VETERAN NEXT GEN OTHER

8AFHS MEMBER # _____ WWII GROUP (for seating purposes) _____
 You must be a member of 8AFHS in order to register. If not a member, please pay your dues above.

SPOUSE/GUEST NAMES _____ NEXT GEN OTHER

PHONE # (____) _____ - _____ EMAIL ADDRESS _____ @ _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

DISABILITY/DIETARY RESTRICTIONS _____

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 (____) _____ - _____

Register and pay online at www.afr-reg.com/8afhs