

**(YOUR GROUP NAME) REUNION REGISTRATION FORM  
(NAME OF HOST HOTEL AND CITY)**

Listed below you will find all of the Dinner and Tour costs as well as the Registration Fee for the \_\_\_\_\_ **Reunion**. Please enter the number of people that will be participating in each event, and total that amount. **All Reservations and Payments must be received on or before \_\_\_\_\_**. After that date, reservations will be accepted on a space available basis. At the bottom of the form, add up the **TOTAL AMOUNT DUE** for all events, including the Registration Fee and send this form along with a **check made payable to Reunions to Remember, and mail to:**

**Military Reunions to Remember  
1673 Kilt Street  
Virginia Beach, VA 23464**

MRTR OFFICE USE ONLY			
Check # _____	Date Received _____		
Inputted _____	Name Tag Complete _____		

<u>TOUR AND MEAL SELECTIONS</u>	<u>PRICE PER PERSON</u>	<u>X</u>	<u>NO. OF PEOPLE</u>	<u>=</u>	<u>TOTAL AMOUNT</u>
TOUR #1 - Tour Day - Short narrative of tour -----	\$00.00	X	_____	=	\$ _____
TOUR #2 - Tour Day - Short narrative of tour -----	\$00.00	X	_____	=	\$ _____
TOUR #2 - Tour Day - Short narrative of tour -----	\$00.00	X	_____	=	\$ _____
<b>FRIDAY BUFFET DINNER</b> -----	\$00.00	X	_____	=	\$ _____
<b>CHILDREN'S BUFFET DINNER</b> -----	\$00.00	X	_____	=	\$ _____
<b>SATURDAY BANQUET DINNER</b>					
# 1 First Entree Choice -----	\$00.00	X	_____	=	\$ _____
# 2 Second Entree Choice -----	\$00.00	X	_____	=	\$ _____
Special Dietary Meals Available on Request -----	\$00.00	X	_____	=	\$ _____
Children's Menu -----	\$00.00	X	_____	=	\$ _____
<b>SUNDAY MORNING BREAKFAST</b> -----	\$00.00	X	_____	=	\$ _____
<b>REGISTRATION, MEMBER</b> -----	\$00.00	X	<b>1</b>	=	\$ _____
<b>REGISTRATION FEE, EACH ADDITIONAL GUEST</b> -----	\$00.00	X	_____	=	\$ _____
REGISTRATION FEE COVERS ADMINISTRATIVE COSTS AND HOSPITALITY ROOM EXPENSES. REGISTRATION FEE IS \$ _____ FOR CREWMEMBERS, \$ _____ FOR EACH GUEST					
<b>TOTAL AMOUNT PAYABLE TO MILITARY REUNIONS TO REMEMBER ENCLOSED:</b>					\$ _____

**IT IS IMPORTANT THAT YOU COMPLETE ALL OF THE FOLLOWING INFORMATION  
IT WILL BE USED FOR REGISTRATION PURPOSES AND NAME TAGS**

Member Name: \_\_\_\_\_ (as you want it shown on your Name Tag)  
(First) (MI) (Last)

Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Ship or Command Name: \_\_\_\_\_ Command Designation or Number: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Are you staying at the (Hotel Name) Hotel? Yes  No

Are you Flying?  Driving?  RV?  Is this your first (Group Name) reunion? Yes  No

Special Limitations or Requirements? \_\_\_\_\_

Please list First and Last Names of Spouse and all Guests (excluding yourself) so that we can make Name Tags.  
 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**FULL REFUNDS WILL BE SENT FOR THE ABOVE ACTIVITIES IF CANCELLATION IS RECEIVED BY \_\_\_\_\_. AFTER THAT DATE, REFUND AMOUNT WILL DEPEND ON VENDOR POLICIES. PLEASE CALL REUNIONS TO REMEMBER AT (757) 479-0849 (Monday - Thursday). YOUR CANCELLED CHECK WILL SERVE AS YOUR CONFIRMATION. REGISTRATION FEE COVERS ADMINISTRATIVE COSTS AND IS NON REFUNDABLE AFTER REUNION CUT OFF DATE. REGISTRATION FEE IS \$ \_\_\_\_\_ FOR CREWMEMBERS, \$ \_\_\_\_\_ FOR EACH GUEST.**