

## 96<sup>th</sup> Second (Indianhead) Division Reunion Activity Registration Form

Listed below are all registration, tour, and meal costs for the reunion. If a valid email address is provided, a receipt will be sent electronically. Otherwise, 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/Indianhead2017](http://www.afr-reg.com/Indianhead2017). Credit card transactions will be charged a 3.5% processing fee. **All registration forms and payments must be received by mail on or before August 15, 2017.** 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.

**Armed Forces Reunions, Inc.**  
**322 Madison Mews**  
**Norfolk, VA 23510**  
**ATTN: 2<sup>nd</sup> Indianhead Reunion**

**OFFICE USE ONLY**

Check # \_\_\_\_\_ Date Received \_\_\_\_\_  
 Inputted \_\_\_\_\_ New  Revision/Addition

<i>CUT-OFF DATE IS 8/15/17</i>	Price Per	# of People	Total
<b><u>TOURS</u></b>			
Thursday 9/14: Wreath Laying & 2 ID Monument Rededication	\$ 23		\$
<b><u>HOTEL EVENTS</u></b>			
Wednesday 9/13 : Early Bird Dinner (Chicken Piccata)	\$ 44		\$
Friday 9/15: Luncheon and Auction (Chicken Fricassee)	\$ 44		\$
Friday 9/15: Muster Dinner <i>(please select your entrée below)</i>			
Roasted Pork Loin	\$ 44		\$
Chicken with Wild Mushrooms	\$ 44		\$
Saturday 9/16: 2 <sup>nd</sup> ENG Meeting and Lunch (deli style)	\$ 37		\$
Saturday 9/16: Grand Banquet dinner <i>(please select your entrée below)</i>			
Sliced London Broil	\$ 46		\$
Baked Cod	\$ 46		\$
Vegetarian Option	\$ 46		\$
<b>REUNION REGISTRATION FEE</b>	<b>\$ 32</b>		
50/50 Drawing – per ticket	\$ 5		\$
Quilt Raffle ticket	\$ 2		
Total Amount Payable to <b>Armed Forces Reunions, Inc.</b>			\$

PLEASE PRINT NAME AS YOU WOULD LIKE IT TO APPEAR ON YOUR NAMETAG

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

UNIT \_\_\_\_\_ YEARS WITH UNIT 19\_\_\_\_ - 19\_\_\_\_

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

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

STREET ADDRESS \_\_\_\_\_

CITY, ST, ZIP \_\_\_\_\_ PH. NUMBER (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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).**  
 By submitting this form you will be enrolled in our monthly newsletter subscription. To opt out of this service, please check the box.