

ARMY OTTER-CARIBOU ASSOCIATION ACTIVITY REGISTRATION FORM – 8/3-7/2016

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/AOCA2016 (3.5% will be added to credit card charges). All registration forms and payments must be received by mail on or before July 1, 2016. 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.
ATTN: AOCA
322 Madison Mews
Norfolk, VA 23510

OFFICE USE ONLY	
Check # _____	Date Received _____
Inputted _____	Nametag Completed _____

CUT-OFF DATE IS 7/1/2016

TOURS

	Price Per	# of People	Total
THURSDAY, 8/4: HUNTER ARMY AIR FIELD	\$ 28	_____	\$ _____
FRIDAY 8/5: CITY TOUR	\$ 46	_____	\$ _____
FRIDAY 8/5: DINNER CRUISE	\$ 89	_____	\$ _____

MEALS

THURSDAY, 8/4: WELCOME DINNER BUFFET (two entrees)	\$ 39	_____	\$ _____
SATURDAY, 8/6: BANQUET (<i>Please select your entrée</i>)			
Sliced Flank Steak w/ wild mushroom sauce	\$ 42	_____	\$ _____
Pan Roasted Salmon w/ lemon dill sauce	\$ 42	_____	\$ _____
Pan Roasted Chicken Breast w/ pan dripping gravy	\$ 42	_____	\$ _____

MANDATORY PER PERSON REGISTRATION FEE

Includes Hospitality Room and administrative expenses.	\$ 40	_____	\$ _____
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REUNION DONATIONS

Special Ladies: Donation to defray expenses for those who may wish to attend			\$ _____
Scholarship Fund: Supports scholarships for members' children/grandchildren			\$ _____
Total Amount Payable to <u>Armed Forces Reunions, Inc.</u>			\$ _____

PLEASE PRINT NAME AS YOU WOULD LIKE IT TO APPEAR ON YOUR NAMETAG "SPECIAL LADY"? YES NO

FIRST _____ LAST _____ FIRST REUNION? YES NO

UNITS SERVED WITH (FOR NAMETAG) _____

SPOUSE NAME (IF ATTENDING) _____

GUEST NAMES _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PH. NUMBER (_____) _____ - _____ EMAIL ADDRESS _____ @ _____

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).

ARE YOU STAYING AT THE HOTEL? YES NO ARE YOU FLYING? DRIVING? RV?