

USS BENNINGTON 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/bennington2015 (3% will be added to total). All registration forms and payments must be received by mail on or before August 21, 2015. 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: USS BENNINGTON

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

CUT-OFF DATE IS 8/21/15

	Price Per	# of People	Total
TOURS			
TUESDAY 9/22: NATIONAL NAVAL AVIATION MUSEUM TOUR	\$48		\$
WEDNESDAY 9/23: CITY TOUR	\$60		
BANQUET			
THURSDAY 9/24: BANQUET <i>(Please select your entrée)</i>			\$
Hawaiian Grilled Chicken	\$42		\$
Hazelnut Crusted Grouper	\$53		\$
New York Strip	\$57		\$
MANDATORY PER PERSON REGISTRATION FEE			
Covers various reunion expenses	\$10		\$
Total Amount Payable to Armed Forces Reunions, Inc.			\$

Circle one of the following if you wish to volunteer: **BUS CAPTAIN** **BARTENDER** **OTHER**

Circle T-Shirt Size: **SMALL** **MEDIUM** **LARGE** **X-LARGE** **XX-LARGE**

PLEASE PRINT NAME AS YOU WANT YOUR NAMETAG TO READ

FIRST _____ LAST _____

YEARS ON SHIP 19 (_____) – 19 (_____) Division _____ Rank _____ Class _____

SPOUSE NAME (IF ATTENDING) _____

GUEST NAMES _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

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

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? (PLEASE NOTE THAT WE CANNOT GUARANTEE AVAILABILITY). YES NO

EMERGENCY CONTACT _____ PH. NUMBER (_____) _____ - _____

ARRIVAL DATE _____ DEPARTURE DATE _____

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

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-4:00pm 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 AT www.afr-reg.com/bennington2015