## REGISTRATION FORM PLEASE PRINT

NAME AS YOU WANT IT TO APPEAR ON YOUR NAME BADGE:			
YEARS ON BOARD: 19 19	RATE/RANK		
SPOUSE AND/OR GUEST NAMES:			
STREET ADDRESS:			
CITY, STATE, ZIP:	<del></del>	<del></del>	
PHONE NUMBER:		<del></del>	
NAME OF EMERGENCY CONTACT:	<del></del>		
EMERGENCY CONTACT PHONE NUMBER	). 		
ARRIVAL DATE:	_ DEPARTURE DATE:		
ARE YOU STAYING IN HOTEL? YES	NO		
If staying in the hotel, you mus	st make your own hote	el reservations.	
ARE YOU FLYING? DRIVI	'ING Car?	RV?	
Listed below are registration, tour, and banquet co- event and the total amount. Send that amount pay must be received by mail on or before: August 5, 2	yable to: USS DeHaven Sailors Asso		

## USS DEHAVEN SAILORS ASSOCIATION 8001 Kneer Rd. Evansville, IN 47720-7141

	Price per person	Х	Number of persons	=	Cost
Registration (covers administrative expenses)	\$ 12.00	Χ		=	
DVD of the reunion	\$ 12.00	X		=	
Wednesday morning Tour (Air Force Museum)	\$ 30.00	X		=	
Wednesday Evening Dinner (Dinner Cruise)	\$ 60.00			=	
Friday Tour (select 1 per person from below)	\$ 46.00	X		=	
Pretzel Sandwich	included				included
Dunkel Bourbon Chicken Sandwich	included				included
Hofbräuhaus Kentucky Hot Brown	included				included
Vegetarian	included				included
Saturday Night Banquet - Beef	\$ 33.00	X		=	
Saturday Night Banquet - Chicken	\$ 29.00	Χ		=	
Saturday Night Banquet - Vegetarian	\$ 26.00	Χ		=	
		_	Total		

Refunds for cancellations are at the discretion of the tour vendor. Refunds will not be given if the cancellation is received after August 5, 2017. Please call Jim Riggen at 417-499-4947 if you have any further questions. A confirmation will be sent upon receipt of your registration.

)	our current	: emai	l ad	dress	:									