

**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: _____

PHONE NUMBER: _____

NAME OF EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE NUMBER: _____

ARRIVAL DATE: _____ DEPARTURE DATE: _____

ARE YOU STAYING IN HOTEL? YES _____ NO _____

If staying in the hotel, you must make your own hotel reservations.

ARE YOU FLYING? _____ DRIVING? _____ RV? _____

Listed below are all registration, tour, and meal costs for the reunion. Please enter how many people will be participating in each event and the total amount. Send that amount payable to: USS DeHaven Sailors Association. All registration forms and payments must be received by mail on or before: August 20, 2007.

USS DEHAVEN SAILORS ASSOCIATION
2531 N. KINGS DALE RD.
JOPLIN, MO 64804-1340

	Price per person	X	Number of persons	=	Cost
Registration (covers administrative expenses)	\$ 12.00	X	_____	=	_____
CD of the reunion	\$ 10.00	X	_____	=	_____
Friday Tour	\$ 28.00	X	_____	=	_____
Sunday Tour	\$ 45.50	X	_____	=	_____
Monday Night Banquet - Beef	\$ 31.00	X	_____	=	_____
Monday Night Banquet - Chicken	\$ 31.00	X	_____	=	_____
			Total		_____

Full refunds will be sent for the above mentioned activities if the cancellation is received by August 20, 2007. After that date, refund amount will depend on vendor policies. Please call Jim at 417-624-5718 if you have any further questions. Confirmations will be sent upon receipt of your registration.

Current email address for confirmation: _____