

**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 Car? _____ RV? _____

Listed below are registration, tour, and banquet 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 1, 2015.

USS DEHAVEN SAILORS ASSOCIATION
2606 Jefferson Ave.
Joplin, MO 64804

	Price per person	X	Number of persons	=	Cost
Registration (covers administrative expenses)	\$ 12.00	X	_____	=	_____
DVD of the reunion	\$ 12.00	X	_____	=	_____
Wednesday Tour (Nuclear Museum)	\$ 77.00	X	_____	=	_____
Friday Tour (Sandia Peak Tram)	\$ 74.00	X	_____	=	_____
Saturday Night Banquet - Beef	\$ 32.00	X	_____	=	_____
Saturday Night Banquet - Chicken	\$ 32.00	X	_____	=	_____
Saturday Night Banquet - Vegetarian	\$ 32.00	X	_____	=	_____
			Total	=	_____

Full refunds will be sent for the above mentioned activities if the cancellation is received by August 1, 2015. After that date, refund amount will depend on vendor policies. Please call Jim at 417-499-4947 if you have any further questions. A confirmation will be sent upon receipt of your registration.

Your current email address: _____