

## 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: \_\_\_\_\_

PHONE  
NUMBER: \_\_\_\_\_

ARRIVAL DATE: \_\_\_\_\_ DEPARTURE DATE: \_\_\_\_\_

ARE YOU STAYING IN HOTEL? YES \_\_\_\_\_ NO \_\_\_\_\_

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: DeHaven Sailors Assn. All registration forms and payments must be received by mail on/or before: August 8, 2003.

USS DeHAVEN SAILORS ASSN.  
115 Cimarron Rd  
Crescent OK 73028

	Price per person	X	No of persons	=	Cost
Registration (fee covers administrative expense)		X	_____	=	\$ _____
CD of the reunion		X	_____	=	\$ _____
Wednesday Tour		X	_____	=	\$ _____
Friday Tour		X	_____	=	\$ _____
Saturday Night Banquet		X	_____	=	\$ _____
<b>Total</b>					\$ _____

Full refunds will be sent for the above mentioned activities if the cancellation is received by August 8, 2003. After that date, refund amount will depend on vendor policies. Please call Sam at 405-969-2995 if you have any further questions. Confirmations will be sent upon receipt of your registration.