

8th AFHS ACTIVITY REGISTRATION FORM – OCTOBER 10 – 14, 2018

Listed below are all registration, tour, and meal costs for the reunion. Please enter how many people will participate 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 confirmation. You may also register online and pay by credit card at www.afr-reg.com/8afhs2018 (3.5% will be added to total). All registration forms and payments must be received on or before September 7, 2018. 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. Returned checks will be charged a \$20 fee. Your contact information will be shared only with reunion attendees.

Armed Forces Reunions, Inc.
322 Madison Mews
Norfolk, VA 23510
ATTN: 8th AFHS

OFFICE USE ONLY

Check # _____ Date Received _____
 Inputted _____ Nametag Completed _____

CUT-OFF DATE IS 9/7/18

	Price Per	# of People	Total
<u>DUES</u>			
The principal attendee must be a member of the 8AFHS to register for this reunion. If you are not a member, please pay your yearly dues here.	\$40		\$
<u>REGISTRATION FEE</u>			
Includes meeting expenses and other reunion expenses.	\$45		\$
Reg. Fee for children ages 8-16 attending more than 1 function & staying at hotel	\$30		\$
<u>MEALS</u>			
Thursday, 10/11: Dinner Buffet (Chicken w/ Honey Brie Dijon Sauce & London Broil w/ Chimichurri sauce)	\$42		\$
Friday, 10/12: Rendezvous Dinner (Rosemary Lemon Chicken)	\$38		\$
Saturday, 10/13: Box Lunch (sandwich, chips, cookie, water)	\$16		\$
Saturday, 10/13: Banquet (Please select your entrée below)			
Herb-Roasted Prime Rib	\$45		\$
Grilled Salmon w/ Creamy Leek Sauce	\$45		\$
Chef's Choice of Vegetarian Entrée	\$45		\$
<u>TOURS</u>			
Thursday, 10/11: Dayton City Tour	\$38		\$
Friday, 10/12: National Museum of the US Air Force	\$38		\$
Saturday, 10/13: Carillon Historical Park / Packard Museum	\$54		\$
Total Amount Payable to Armed Forces Reunions, Inc.			\$

Please Print. If a WWII Veteran is registering on this form, please list his name first.

MEMBER NAME (for nametag) _____

8AF VETERAN OTHER VETERAN NEXT GEN HERITAGE LEAGUE OTHER

IF A VETERAN, PLEASE CIRCLE: WWII Cold War Era Korea Vietnam Gulf War Desert Storm Iraq Other _____

WWII GROUP AFFILIATION FOR UNIT TOTALS & SEATING ARRANGEMENTS (please list BG/FG, not BS/FS) _____

SPOUSE NAME (if attending) _____

GUEST NAMES _____ NEXT GEN

PHONE # (____) _____ - _____ EMAIL ADDRESS _____ @ _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DISABILITY/DIETARY RESTRICTIONS _____

MUST YOU BE LIFTED HYDRAULICALLY ONTO THE BUS WHILE SEATED IN YOUR WHEELCHAIR IN ORDER TO PARTICIPATE IN BUS TRIPS? YES NO (PLEASE NOTE THAT WE CANNOT GUARANTEE AVAILABILITY).

HOTEL RESERVATIONS SHOULD BE CONFIRMED BEFORE SUBMITTING THIS FORM. PLEASE CHECK YOUR CONFIRMED HOTEL:
 CROWNE PLAZA DAYTON OTHER _____

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