

**2008 USS REEVES REUNION REGISTRATION FORM
HOLIDAY INN NATIONAL AIRPORT HOTEL, CRYSTAL CITY, VIRGINIA**

Listed below you will find all of the Dinner and Tour costs for the **2008 Reunion**. Please enter the number of people that will be participating in each event, and total that amount. **All Reservations and Payments must be received on or before August 11, 2008.** After that date, reservations will be accepted on a space available basis. At the bottom, add up the **TOTAL AMOUNT DUE** for all events and send this form and a **check made payable to Military Reunions to Remember to:**

**Military Reunions to Remember
USS Reeves Reunion
1673 Kilt Street
Virginia Beach, VA 23464**

OFFICE USE ONLY			
Check # _____	Date Received _____		
Inputted _____	Name Tag Complete _____		

	PRICE PER PERSON	X	NO. OF PEOPLE	=	TOTAL AMOUNT
<u>BANQUET DINNER</u>					
# 1 Sliced Sirloin of Beef-----	\$41.00	X	_____	=	\$ _____
# 2 Chicken Oscar-----	\$40.00	X	_____	=	\$ _____
# 3 Broiled Salmon-----	\$42.00	X	_____	=	\$ _____
Special Dietary Meals Available on Request-----	\$40.00	X	_____	=	\$ _____
Children's Menu, Chicken Fingers-----	\$17.00	X	_____	=	\$ _____

TOUR SELECTIONS

(Please see newsletter for description of tours)

TOUR #1 - FRIDAY - Arlington, Washington, Navy Memorial Tour (Lunch is "On your own)-----	\$48.00	X	_____	=	\$ _____
TOUR #1 - SATURDAY -Vietnan, Korean Memorials, Georgetown, Air and Space Museum Tour (Lunch is "On your own)-----	\$40.00	X	_____	=	\$ _____
REGISTRATION, CREWMEMBER	\$10.00	X	1	=	\$ 10.00
REGISTRATION, <u>EACH ADDITIONAL GUEST</u> (under 12 are free)	\$10.00	X	_____	=	_____

Registration fee covers administrative costs and hospitality room expenses. Military Reunions to Remember is being compensated \$0.00 per attendee from these registration fees. Total Registration Fee is \$10.00 for each former crewmember and \$10.00 for each additional guest (Children under 12 are free). All registration fees will be turned over to the reunion chairman for reunion related expenses.

TOTAL AMOUNT PAYABLE TO MILITARY REUNIONS TO REMEMBER ENCLOSED: \$ _____

**IT IS IMPORTANT THAT YOU COMPLETE ALL OF THE FOLLOWING INFORMATION.
IT WILL BE USED FOR REGISTRATION PURPOSES AND NAME TAGS.**

Member Name: _____ (as you want it shown on your Name Tag)
(First) (MI) (Last)

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone: (____) _____ - _____

Emergency contact: _____ Telephone: (____) _____ - _____

Ship: USS Reeves DLG-24 CG-24 Other _____

Aboard Ship From: _____ To: _____

Are you staying at the Holiday Inn? Yes No Arrival Date: _____ Departure Date: _____

Are you Flying? Driving? RV? Is this your first Reeves Reunion? Yes No

Special Limitations or Requirements?

Please list First and Last Names of Spouse and all Guests (excluding yourself) so that we can make Name Tags.

1. _____ 2. _____ 3. _____

FULL REFUNDS WILL BE SENT FOR THE ABOVE ACTIVITIES IF CANCELLATION IS RECEIVED BY AUGUST 11th. AFTER THAT DATE, REFUND AMOUNT WILL DEPEND ON VENDOR POLICIES. PLEASE CALL OUR OFFICES (757) 479-0849 (Monday - Thursday). YOUR CANCELLED CHECK WILL SERVE AS YOUR CONFIRMATION. REGISTRATION FEE COVERS ADMINISTRATIVE COSTS AND HOSPITALITY ROOM EXPENSES. REGISTRATION FEE IS \$10.00 FOR CREWMEMBERS, \$10.00 FOR EACH ADDITIONAL GUEST.