

**517th PARACHUTE REGIMENTAL COMBAT TEAM ASSOCIATION REUNION – JUNE 25-29, 2015
ACTIVITY REGISTRATION FORM**

Listed below are all registration, tour, and meal costs for the reunion. Please enter how many people will be participating in each event and total the amount. Send that amount payable to ARMED FORCES REUNIONS, INC. in the form of check or money order. If a valid email address is provided, a receipt will be sent electronically. Otherwise, your cancelled check will serve as your confirmation. Returned checks will be charged a \$20 fee. You may also register online and pay by credit card at www.afr-reg.com/517th2015 (3% will be added to credit card charges). All registration forms and payments must be received by mail on or before May 22, 2015. 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.

**Armed Forces Reunions, Inc.
322 Madison Mews
Norfolk, VA 23510
ATTN: 517th Parachute**

OFFICE USE ONLY	
Check # _____	Date Received _____
Inputted _____	Nametag Completed _____

CUT-OFF DATE IS 5/22/15

	Price Per	# of People	Total
TOURS			
FRIDAY, 6/26: NATIONAL WORLD WAR II MUSEUM	\$51		\$
Or WWII VETERANS PRICE FOR WORLD WAR II MUSEUM	\$31		\$
SATURDAY, 6/27: CITY TOUR	\$37		\$
MEALS			
SATURDAY, 6/27: GROUP BREAKFAST	\$17		\$
SUNDAY, 6/28: BANQUET (<i>Please select your entrée</i>)			
Roast Beef	\$31		\$
Chicken Marsala	\$31		\$
Shrimp Creole	\$31		\$
MANDATORY PER PERSON REGISTRATION FEE			
Includes Hospitality Room and administrative expenses. Children under age 18 do not have to pay a registration fee.	\$25		\$
Total Amount Payable to Armed Forces Reunions, Inc.			\$

PLEASE PRINT NAME AS YOU WOULD LIKE IT TO APPEAR ON YOUR NAMETAG

FIRST _____ LAST _____ WWII VET AUXILIARY

517th COMPANY _____ OR BATTERY _____ OR OTHER UNIT _____

SPOUSE NAME (IF ATTENDING) _____

GUEST NAMES _____

ADDRESS (STREET, CITY, ST, ZIP) _____

EMAIL _____ PH. NUMBER (_____) _____ - _____

DISABILITY/DIETARY RESTRICTIONS _____

(Sleeping room requirements must be conveyed by attendee directly with hotel)

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).

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

ARRIVAL DATE _____ DEPARTURE DATE _____

For refunds and cancellations please refer to our policies outlined at the bottom of the reunion program. **CANCELLATIONS WILL ONLY BE TAKEN MONDAY-FRIDAY 9:00am-4:00pm EASTERN TIME (excluding holidays).** Call (757) 625-6401 to cancel reunion activities and obtain a cancellation code. Refunds processed 4-6 weeks after reunion.