

Registration Form 187th AHC Association Annual Reunion 2018

PLEASE PRINT

Name: _____ 187th Main Job: _____

Address: _____ Email: _____

City: _____ -- ____ -- ____ Home phone: ____ -- ____ -- ____
ST ZIP
2-digit 5-digit Cell phone: ____ -- ____ -- ____

When were you in the 187th ...? From: ____ / ____ To: ____ / ____ Number of Reunions
Year Month Year Month You've been to:

ON LINES BELOW PLEASE PRINT NAME & HOME TOWN (for name tag) of all family members and/or guests you are bringing or sponsoring:

If this is your First Reunion who/what/how were you persuaded to come this time?	
If you've been to more than 1 reunion what was your favorite and why?	
2 nd favorite?	
Most important thing about having a reunion as far as you're concerned?	
2 nd most important thing?	

<u>EVENT</u>	<u>COST PER PERSON</u>	<u>NUMBER</u>	<u>TOTAL</u>
Registration Fee Required of everyone 16 & older	\$30	X	_____ = _____
Late Registration Fee after October 8	\$60	X	_____ = _____
Special Buses (Friday Morning 9am) To Veterans Day Expo/Remembrance in downtown St Pete... Featuring the 187th AHC as Honored Guests	FREE!	X	_____ (But need to know Number)
Ladies Luncheon	\$30	X	_____ = _____
Banquet	\$40	X	_____ = _____
<u>Please Make Out Your Check</u>			GRAND TOTAL = _____

Payable To: **The 187th AHC Association**

And Mail it To: **The Smet's**
6826 Stonestrow Cir N 11107
Saint Petersburg, FL 33710

Thank You