

# USS LEYTE

## 2015 REUNION REGISTRATION FORM

DATE	EVENT	COST	QTY	TOTAL
	<b>REGISTRATION FEE – Per Person</b> Everyone Please Pay ~ non-refundable	\$10.00 pp		
Thurs 10/1	<b>Group Reception Dinner</b> (5:00pm at the Hotel)	INC pp	*	*
**	<b>Dinner Choice</b> Number Beef ( ) or Chicken ( ) or Fish ( )	--		
Fri 10/2	<b>EVENT A: Cracked Crab Buffet &amp; Alabama Theatre Show</b> (4:00pm-10:00pm)	INC pp	*	*
Fri 10/2	<b>EVENT A: Bus</b> (4:00pm-10:00pm)	\$15.00 pp		
Sat 10/3	<b>EVENT B: Bus &amp; Hollywood Wax Museum &amp; Broadway at Beach for Lunch on your own and Shopping</b> (9:00am-2:30pm)	\$36.00 pp		
Sat 10/3	<b>Group Banquet Dinner</b> (5:00pm at the Hotel)	INC pp	*	*
**	<b>Dinner Choice</b> Number Beef ( ) or Chicken ( ) or Fish ( )	--		
	<b>Myrtle Beach Dangle</b> Number Black ( ) White ( )	\$3.00 ea		
	<b>No refunds after September 1, 2015 cutoff date</b>			
	<b>Late registration accepted on space available basis</b>			
	<b>* INC = Included with Hotel Reservation</b>			
	<b>TOTAL:</b>			

>>Complete and mail this entire form with a check payable to: **USS LEYTE CV-32 ASSOCIATION** to Angelo R. Masi, 127 Glen Eagle Cir. Naples, FL 34104

>>> PLEASE PROVIDE THE FOLLOWING:

Name (As you want it to appear on badge): \_\_\_\_\_

Spouse: \_\_\_\_\_

Guest(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Arriving by car ( ) Air ( ) on Day/Date \_\_\_\_\_ Phone: (Home) \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell/other \_\_\_\_\_

Emergency contact during the reunion: \_\_\_\_\_ Ph: \_\_\_\_\_

Years Served in LEYTE 19\_\_\_\_\_ to 19\_\_\_\_\_ ADA Info: Wheel Chair \_\_\_\_\_ Walker \_\_\_\_\_

**Registrations are due by September 1st 2015**

**Late registrations accepted on a space available basis.**

**For information call 239-348-0085 or email kmclaurin3@cox.net**

FOR OFFICE USE ONLY

Date Rec'd:	Check #	Amount\$	XCL #
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