

7TH INFANTRY REGIMENT ASSOCIATION "COTTONBALERS" REUNION ACTIVITY REGISTRATION FORM – 5/29-6/1, 2017

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. 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/cottonbalers2017 (3.5% will be added to total). All registration forms and payments must be received by mail on or before **April 27, 2017**. 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: 7th INFANTRY

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

CUT-OFF DATE IS 4/27/17

| | Price Per | # of People | Total |
|---|-----------|-------------|-------|
| <u>OUTINGS</u> | | | |
| TUESDAY, MAY 30: FORT STEWART | \$50 | | \$ |
| WEDNESDAY, MAY 31: LADIES TEA AT GRYPHON TEA ROOM | \$25 | | \$ |
| <u>HOTEL MEALS</u> | | | |
| WEDNESDAY, MAY 31: BANQUET <i>(Please select your entrée)</i> | | | \$ |
| Sliced Flank Steak w/ wild mushroom gravy | \$50 | | \$ |
| Pan-Roasted Chicken w/ pan-dripping gravy | \$50 | | \$ |
| <u>BREAKFAST</u> | | | |
| THURSDAY, JUNE 1: CONTINENTAL BREAKFAST | \$27 | | \$ |
| <u>MANDATORY PER PERSON REGISTRATION FEE</u> | | | |
| Covers various reunion expenses | \$35 | | \$ |
| Total Amount Payable to Armed Forces Reunions, Inc. | | | \$ |

PLEASE PRINT NAME AS YOU WANT YOUR NAMETAG TO READ

FIRST _____ LAST _____

SPOUSE NAME (IF ATTENDING) _____

GUEST NAMES _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PH. NUMBER (_____) _____ - _____ EMAIL _____ @ _____

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? (PLEASE NOTE THAT WE CANNOT GUARANTEE AVAILABILITY). YES NO

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

ARRIVAL DATE _____ DEPARTURE DATE _____

ARE YOU STAYING AT THE HOTEL? YES NO ARE YOU FLYING? DRIVING? RV?

By submitting this form you will be enrolled in AFR's monthly newsletter subscription. To opt out of this service, please check the box.

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.

REGISTER ONLINE AT www.afr-reg.com/cottonbalers2017