

OV-1 MOHAWK REUNION ACTIVITY REGISTRATION FORM – SEPTEMBER 14 – 17, 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/mohawk2017 (3.5% convenience fee will be added to online credit card charges). All registration forms and payments must be received by AUGUST 11, 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: OV-1 MOHAWK

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

CUT-OFF DATE IS 8/11/17

	Price Per	# of People	Total
TOURS			
FRIDAY, 9/15: AIR FORCE ACADEMY	\$67		\$
Please choose one of the following two tours:			
SATURDAY, 9/16: ROYAL GORGE TRAIN RIDE (Sold Out)			
SATURDAY, 9/16: OLD COLORADO CITY / GARDEN OF THE GODS	\$38		\$
HOTEL EVENTS			
THURSDAY, 9/14: WELCOME DINNER BUFFET (chicken, pork, and trout)	\$45		\$
SATURDAY, 9/16: BANQUET (please choose your entrée below)			
Flatiron Steak	\$48		\$
Herb Roasted Chicken	\$48		\$
Vegetarian Entrée	\$48		\$
<u>NON-REFUNDABLE / MANDATORY REGISTRATION FEE</u>			
Includes administrative and misc. reunion expenses.	\$25		\$
<u>ONE-YEAR ASSOCIATION MEMBERSHIP</u>			
For those not currently members of the Association.	\$35		\$
Total Amount Payable to Armed Forces Reunions, Inc.			\$

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

FIRST _____ LAST _____

SPOUSE NAME (IF ATTENDING) _____

GUEST NAMES _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

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

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 (_____) _____ - _____

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.