

USS SHANGRI-LA ACTIVITY REGISTRATION FORM – JUNE 7–JUNE 12, 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, or register online and pay by credit card at www.afr-reg.com/shangrila2017 (3.5% will be added to total). If a valid email address is provided, a receipt will be emailed. Otherwise, your cancelled check will serve as your confirmation. Returned checks will be charged a \$20 fee. All registration forms and payments must be received by mail on or before May 5, 2017. After that date, reservations will be accepted on a space available basis. We suggest you keep a copy of this form. Please do not staple or tape your payment to this form.

Armed Forces Reunions, Inc.
322 Madison Mews
Norfolk, VA 23510
ATTN: USS SHANGRI-LA

OFFICE USE ONLY

Check # _____ Date Received _____
 Inputted _____ Nametag Completed _____

CUT-OFF DATE IS 5/5/17

	Price Per	# of People	Total
TOURS			
THURSDAY, 6/8: NORFOLK NAVY BASE/NAUTICUS MUSEUM	\$61		\$
FRIDAY, 6/9: MACARTHUR MEMORIAL/SPIRIT OF NORFOLK LUNCH CRUISE	\$83		\$
SATURDAY, 6/10: VIRGINIA AQUARIUM	\$56		\$
MEALS			
THURSDAY: DINNER IN HONOR OF PLANKOWNERS (<i>Please select your entrée below</i>)			
<i>Beef Tenderloin</i>	\$41		\$
<i>Chicken Francaise</i>	\$41		\$
SATURDAY: LADIES AUXILIARY AUCTION DINNER (<i>Please select your entrée below</i>)			
<i>Roasted Pork Loin</i>	\$38		\$
<i>Tempura Salmon</i>	\$42		\$
SUNDAY: BANQUET (<i>Please select your entrée below</i>)			
<i>Prime Rib</i>	\$53		\$
<i>Grilled Chicken Marsala</i>	\$39		\$
MANDATORY PER PERSON REGISTRATION FEE			
Includes various reunion and administrative expenses.	\$ 20		\$
Total Amount Payable to Armed Forces Reunions, Inc.			\$

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

FIRST _____ LAST _____ RATE/RANK _____

DIVISION ON BOARD _____ YEARS ON BOARD 19____ - 19____ PLANKOWNER? YES NO

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 our 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.

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