



**2024
7TH SOS
REUNION
DAYTON, OHIO
SEPTEMBER 25-29, 2024**



NAME _____ PREFERRED NAME ON BADGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CELL PHONE _____ EMAIL _____

NAME OF YOUR GUEST _____ PREFERRED NAME ON BADGE _____

PLEASE LIST ANY SPECIAL NEEDS _____

IN CASE OF EMERGENCY NOTIFY _____

FULL REGISTRATION FEES

FULL REGISTRATON FEE (ALL ACTIVITIES INCLUDED) _____ X \$216 = _____

★ BANQUET MEAL SELECTION: BEEF _____ CHICKEN _____ VEGETARIAN _____

7TH SOS DUES 1 YEAR _____ X \$15 = _____

7TH SOS DUES 3 YEARS _____ X \$40 = _____

ARE YOU WILLING TO VOLUNTEER YOUR TIME & HELP WITH HOSPITALITY/COUNTRY STORE/ETC. YES _____

PARTIAL REGISTRATION FEES

FOR THOSE WHO CANNOT ATTEND THE FULL REUNION

PLEASE SELECT THE DAYS YOU PLAN TO ATTEND FROM THE FOLLOWING LIST

WEDNESDAY ONLY (INCLUDES HOSPITALITY ROOM & WELCOME RECEPTION) _____ X \$75 = _____

THURSDAY ONLY (INCLUDES HOSPITALITY ROOM & USAF MUSEUM TOUR) _____ X \$29 = _____

FRIDAY ONLY (INCLUDES HOSPITALITY ROOM, CARILLON PARK & BANQUET) _____ X \$94 = _____

★ BANQUET MEAL SELECTION: BEEF _____ CHICKEN _____ VEGETARIAN _____

SATURDAY ONLY (INCLUDES HOSPITALITY ROOM & OKTOBERFEST) _____ X \$41 = _____

IF PAYING BY CREDIT CARD ADD 4% TO TOTAL REGISTRATION FEE = _____

TOTAL ENCLOSED = _____

MAKE CHECKS PAYABLE TO THE REUNION BRAT OR FILL OUT BELOW FOR CREDIT CARD PAYMENT.

CREDIT CARD # _____ EXP. DATE _____ SECURITY CODE 3 DIGIT NUMBER) _____

NAME AS IT APPEARS ON CARD _____

BILLING ADDRESS _____

SIGNATURE _____

★ PAYMENT IS DUE NO LATER THAN AUGUST 25, 2024
PLEASE SEND PAYMENTS TO THE FOLLOWING ADDRESS AND MAKE PAYABLE TO:
THE REUNION BRAT 16817 MOUNTAINSIDE DRIVE EAST
GREENWATER, WA 98022
360-663-2521