



2020 REUNION REGISTRATION FORM

Please mail with Check or Money Order to:
Mike or Sharron Scott
4317 Tallwood Ct Gulf Breeze, FL 32563
admin@7sos.org

Last Name: _____ First Name: _____ MI: _____

Nickname: _____

Spouse: _____ Arrival Date: _____

Children Attending: _____

Guests: _____

Home Ph: _____ Mobile: _____ Work Phone: _____

Home Email: _____ Work Email: _____

Address: _____

City: _____ ST: _____ Zip: _____

Units Assigned to: _____

Crew Position/Duty Station: _____

FEES: (7th ACS Widow/Widower No Charge)
Fees are Per Adult Attendee

Entire Reunion _____ @ \$60 = _____

Thursday Only _____ @ \$15 = _____

Friday Only _____ @ \$20 = _____

Saturday Only _____ @ \$25 = _____

Child Wurst Burn* _____ @ \$10 = _____

Golf _____ @ \$50 = _____

Cruise _____ @ \$30 = _____

7ACS Dues \$15per yr or \$40 for 3 yrs _____

TOTAL DUE: _____

TOTAL PAYMENT SUBMITTED: _____ **CHECK #** _____

*Children under 15 attending Saturday evening Wurst Burn Tent Fest pay \$10 each