

NOTICE – NOTICE – NOTICE

It is very important all information requested be sent to the person requesting it. This will help make a better reunion, and help the planners. Please print or type when filling out the below form and mail to the person listed in each section. **Top section to David Johnson, 12330 Peach Orchard Dr., Jacksonville, FL 32223.** Make checks out to **USS CONYNGHAM ASSOCIATION.**

Name: _____

Spouse/Guest: _____

Address: _____

Phone: _____ Email: _____

Ship: DDG-17 ____ DD-371 ____ Ship board rank/rate/what yrs Served on Board: _____

Registration Fee, each Person, includes hospitality room, drinks/snacks, Welcome Aboard Booklet, Name Tags.(all prices are per person)	\$125.00 x ____ = _____
Association Dues (DDG-17 shipmates only 2019 and any add'l yrs).	\$17.00/yr x ____ = _____
Colonial Williamsburg Pass	\$20.00 x ____ = _____

Tours:

Tour #1: Yorktown Bus Tour	\$60.00 x ____ = _____
Tour #2: Colonial Walking Tour	\$10.00 x ____ = _____

TOTAL \$ _____

*****CHECK HERE IF YOU WOULD LIKE RECEIPT VIA EMAIL** _____

-----cut line-----

Mail this section to: **Warren Wilde, 35 Red Bird Ln., Gettysburg, PA 17325**

Name: _____

Spouse/Guest: _____

Address: _____

Phone: _____ Email: _____ Ship: DDG-17 ____ DD-371 ____

Driving: ____ Flying: ____ Flight # _____ Airline: _____ Time Arriving: _____

IMPORTANT: Need to know your food selection & number attending for the following: See Newsletter for info on food and tours.

Banquet Food selection: **Cod**; # _____, **Steak**: # _____, **Pork**: # _____, **Chicken**: # _____

Colonial Williamsburg Pass: number needed _____

Tour # 1: number attending, ____, **Tour #2**: number attending _____

Plank Owners Dinner, TBD: Number attending _____

Captain Shafer Crew Dinner, TBD, Number attending _____

Anyone requesting a special dietary meal, please make note of it here:

Name and phone number of someone to contact in the event of an emergency:
