

REGISTRATION FORM VP-5 REUNION 2008

REGISTRATION INFORMATION:

1) NAME			_ Fri _	_ Sat _
				_ Sat _
3) GUEST			Fri _	_ Sat _
				_ Sat _
5) GUEST			Fri _	_ Sat _
6) GUEST			Fri _	_ Sat _
	T	otal Number Attending:	Fri _	_ Sat _
BALLCAP/T-SHIR	T INFORMATION:			
BAI	LLCAP(s)	T-SHIRT(s)		
P2 Neptune	#	XXL	#	
P-3 Orion	#		#	
			#	
		M	#	
		S	#	
Extra T-Shirts and Ballcaps will be available (cost is unknown at this time).				
ASSOCIATION/RE	UNION FEE:			
Association Fee \$		\$10.00 = \$ 10.00		
Registration Fee - Total # Attending "X"				
Friday - To				
Saturday - To	otal # Attending "X"	\$30.00 = \$		
	To	tal amount = \$		

Send checks to VP-5 Reunion Association PO Box 7121 Jacksonville, FL 32238

NAME TAGS:

Name tags will have First Name, Last Name, Nick Name, Rate/Rank, and Rate/Rank at separation, City & State where you live now and Email address. Information will be used off Roster Information Form unless you request different information on name tags:

Please use this	space for guest and special request.
Member:	
Spouse:	
Guest:	
TOUR:	
•	ing to try for a tour this year please let me know what tour you would want rsday or Saturday. Circle T for Thru. or S for Sat.
St Augustine Bud Plant Casino Boat	# T/S