



**REGISTRATION FORM**  
**47th Annual 8th AFHS REUNION**  
 Marriott Savannah Riverfront, Savannah, GA  
 October 27-31, 2021

REGISTRATION CUT-OFF DATE IS October 10, 2021	Price p/p	# of People	TOTAL
The principal attendee <b>MUST</b> be a member of the <b>8th AFHS</b> to register for this reunion. If you are <b>NOT</b> a <b>CURRENT</b> member, <b>please pay your yearly DUES here:</b>	\$ 40	#	\$
<b>REGISTRATION FEE—ALL attendees MUST pay registration fee.</b>	\$ 45	#	\$
Registration fee for children ages 8-16 attending more than 1 function & staying at hotel:	\$ 30	#	\$
Buffet Breakfast @ \$33 per day: Thursday _____ Friday _____ Saturday _____ Sunday _____	\$ 33	#	\$
<b>BOX LUNCHES @ \$10 per lunch FRIDAY, Oct. 29th, ONLY!!!!</b> Box lunches will be available from the <b>Mighty 8th Museum ONLY:</b> You <b>MUST PREORDER THEM HERE!</b> Please select: Ham # _____ or Turkey # _____ Vegetarian Wrap # _____	Price is per lunch per person: \$ 10	#	\$
<b><u>DINNERS</u></b>			
Thursday, Oct 28 — EVENING DINNER BUFFET Savannah Style favorites	\$ 55	#	\$
Friday, Oct 29—RENDEZVOUS DINNER Roasted Breast of Chicken and seasonal sides	\$ 45	#	\$
Saturday, Oct 30—GALA BANQUET (Please select ONE entrée)			
Filet Cut Sirloin	\$ 55	#	\$
Pecan Grouper ( <i>a Savannah favorite</i> )	\$ 55	#	\$
Vegetarian plate(s) Please indicate [number]: Thurs # ____ Fri # ____ Sat # ____	\$ 45	#	\$
<b><u>TOUR OPTIONS:</u></b>			
Thursday, Oct 28: The Other Savannah Tour—Lunch on your own	\$ 25	#	\$
Friday, Oct 29: Tour of National Museum of the Mighty 8th Air Force —round trip	\$ 15	#	\$
Saturday, Oct 30: Historic Savannah City Tour—Lunch on your own	\$ 25	#	\$
<b>Total amount payable to: 8th AFHS</b>			\$

Please PRINT. If registering a WWII veteran here, please list their name first.

MEMBER NAME (for name tag): \_\_\_\_\_

WWII Veteran \_\_\_\_\_ BG/FG Affiliation (for Rendezvous Dinner seating): \_\_\_\_\_ POW: \_\_\_\_\_ (Korea, Vietnam, etc.): \_\_\_\_\_

SPOUSE or PERSON attending: \_\_\_\_\_

ADDITIONAL GUESTS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME PH #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PH #: \_\_\_\_\_

PLEASE INDICATE ANY PHYSICAL OR DIETARY RESTRICTIONS: \_\_\_\_\_

IF PAYING BY CREDIT CARD —M/C; VISA; or AmEx (**a 3% convenience fee will be added**):

CARD #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ *Your contact information will only be shared with attendees.*

MAIL completed form with check or credit card info to: 8th AFHS ~ 68 Kimberlys Way ~ Jasper, GA 30143-4769

IF paying by credit card, you may **SCAN and email** form to: [ManagingDirector@8thAFHS.org](mailto:ManagingDirector@8thAFHS.org)