



REGISTRATION FORM
46th Annual 8th AFHS REUNION
 Holiday Inn Memphis Airport, Memphis, TN
 October 21-25, 2020

REGISTRATION CUT-OFF DATE IS September 30, 2020	Price p/p	# of People	TOTAL
<u>DUES</u> The principal attendee <i>MUST</i> be a member of the 8th AFHS to register for this reunion. If you are NOT a CURRENT member, please pay your yearly dues here:	\$ 40	#	\$
<u>REGISTRATION FEE</u>	\$ 45	#	\$
Registration fee for children ages 8-16 attending more than 1 function & staying at hotel:	\$ 30	#	\$
<u>BOX LUNCHES</u> Box lunches will be available from the hotel to attendees on Thursday, Friday, and Saturday. You <i>MUST PREORDER THEM HERE!</i> Please indicate # of each kind of sandwich per day: HAM or TURKEY Thurs: Ham ___ or Turkey ___ Fri: Ham ___ or Turkey ___ Sat: Ham ___ or Turkey ___	\$ 18	#	\$
<u>DINNERS</u>			
Thursday, Oct 22 — EVENING DINNER BUFFET Memphis Style favorites	\$ 27	#	\$
Friday, Oct 23—RENDEZVOUS DINNER Chicken Marsala	\$ 29	#	\$
Saturday, Oct 24—GALA BANQUET (Please select ONE entrée)			
Sliced London Broil with Bordelaise Sauce	\$ 34	#	\$
Pan Seared Salmon with White Wine Beurre Blanc	\$ 34	#	\$
Vegetarian plate(s) Please indicate [X] : Thurs ___ # ___ Fri ___ # ___ Sat ___ # ___	\$ 29	#	\$
<u>TOUR OPTIONS:</u>			
Thursday, Oct 22: Historic Memphis Tour—Lunch on your own	\$ 46	#	\$
Friday, Oct 23: Tour of “Ye Olde Pub” B17—Lunch on your own	\$ 26	#	\$
Saturday, Oct 24: Graceland Tour—Lunch on your own	\$ 98	#	\$
Total amount payable to: 8th AFHS			\$

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