



REGISTRATION FORM
45th ANNUAL 8th AFHS REUNION
 Sheraton Westport Lakeside Chalet, St. Louis, MO
 October 16—20, 2019

CUT-OFF DATE IS September 25, 2019	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>			
Includes meeting expenses and other reunion expenses.	\$ 45	#	\$
Registration fee for children ages 8-16 attending more than 1 function & staying at hotel:	\$ 30	#	\$
<u>BREAKFAST BUFFET (please indicate below and place totals to the right)</u>	Price per breakfast:	Total # of breakfasts:	
Please indicate [X] which days you would like buffet breakfast and quantity: Thursday ___ # ___ Friday ___ # ___ Saturday ___ # ___ Sunday ___ # ___	\$ 23	#	\$
<u>DINNERS</u>			
Thursday, Oct 17 — EVENING DINNER BUFFET Roasted Pork Loin & Grilled Chicken Breast	\$ 48	#	\$
Friday, Oct 18—RENDEZVOUS DINNER Chicken Marsala	\$ 48	#	\$
Saturday, Oct 19—GALA BANQUET (Please select entrée)			
Sliced London Broil with Bordelaise Sauce	\$ 48	#	\$
Pan Seared Salmon with Balsamic Reduction	\$ 48	#	\$
Vegetarian plate(s) Please indicate [X] : Thurs ___ # ___ Fri ___ # ___ Sat ___ # ___	\$ 48	#	\$
<u>TOUR OPTIONS:</u>			
Thursday, Oct 17: Sights of St. Louis Tour— INCLUDES BOX LUNCH	\$ 65	#	\$
Friday, Oct 18: Keep the Memory Alive Tour—Lunch on your own	\$ 26	#	\$
Saturday, Oct 19: Sights and Shops in St. Charles Tour—Lunch on your own	\$ 26	#	\$
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