



REGISTRATION FORM

49th Annual 8th AFHS REUNION

DoubleTree by Hilton, Ontario Airport, CA
October 18-22, 2023

REGISTRATION CUT-OFF DATE IS September 23, 2023 (NO refunds on cancellations past this date)	Price p/p	# of People	TOTAL
DUES: The principal attendee <i>MUST</i> be a CURRENT member of the 8th AFHS to register for this reunion. If you are NOT CURRENT , or a member, please pay your yearly dues here:	\$ 60	#	\$
REGISTRATION FEE (non-refundable): EVERY attendee MUST pay registration fee	\$ 45	#	\$
DINNERS			
Thursday, Oct 19: Dinner Buffet ~ Chef's delightful favorites welcoming you to California!	\$ 60	#	\$
Friday, Oct 20: Rendezvous Dinners—Rosemary Infused Chicken & all the trimmings!	\$ 55	#	\$
Saturday, Oct 21: GALA Banquet (Please select one entrée per person)			
Grilled Flat Iron Steak (beef) with red wine jus de veau and sides	\$ 55	#	\$
Pepper Crusted Salmon (seafood) with amazing sides	\$ 55	#	\$
Vegetarian, vegan, gluten free, etc—Please indicate type: Thurs ____ Fri ____ Sat ____	\$ 55	#	\$
TOUR OPTIONS: <u>LUNCH INCLUDED</u> on Thursday & Friday!			
Thursday, Oct 19: 8:30am-4:30pm ~ March Field Air Museum & Planes of Fame ~ Includes LUNCH*	\$ 44*	#	\$
Friday, Oct 20: 9:00am-4:00pm ~ Palm Springs Air Museum ~ Includes LUNCH*	\$ 60*	#	\$
Saturday, Oct 21: 11:00am-4:30pm ~ L A Farmer's Market & Hollywood ~ <u>LUNCH ON YOUR OWN!</u>	\$ 40	#	\$
Total amount payable to: 8th AFHS			\$

Please PRINT. If registering a veteran, please list their name, first. **MAXIMUM of FOUR [4] persons per registration form!**

MEMBER NAME (for name tag): _____ WWII VETERAN? _____

BG/FG Affiliation (for Rendezvous Dinner seating) _____ Post WWII Veteran: _____ (Branch of Military): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DAYTIME PH #: _____ EMAIL: _____

SPOUSE or GUEST #1: _____

GUEST #2: _____ GUEST #3: _____

ADDRESS *if different from above*: _____ CITY: _____ STATE: _____ ZIP: _____

DAYTIME PH # *if different from above*: _____ EMAIL: _____

EMERGENCY CONTACT: _____ PH #: _____

PLEASE INDICATE IF YOU WILL BE USING A WHEELCHAIR ON TOURS: _____ NEED HYDRAULIC LIFT?: _____

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

Questions? PLEASE CALL: (912) 748-8884