



REGISTRATION

50th Annual 8th AFHS REUNION

The Higgins by Hilton ~ New Orleans, LA
September 25-29, 2024

REGISTRATION CUT-OFF DATE IS August 23, 2024 (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, Sept 26: Dinner—Chef’s delightful favorites welcoming you to the Big Easy!	\$ 82	#	\$
Friday, Sept 27: Rendezvous Dinners—Roasted Marinated Chicken & all the trimmings!	\$ 70	#	\$
Saturday, Sept 28: GALA Banquet—Surf & Turf buffet... <i>the best of both worlds!</i>	\$ 78	#	\$
Vegetarian [Vg], vegan [V], gluten free [GF], etc— Please indicate # of meal types each day: Thurs _____ (\$82) Fri _____ (\$70) Sat _____ (\$78)	---	---	\$
TOUR OPTIONS: <u>LUNCH INCLUDED</u> on Thursday			
NEW!!! UNLIMITED ADMISSION to National WWII Museum. This is a MEMBERSHIP* details in tour descriptions. If you are already a current member of the WWII Museum, you MUST SHOW YOUR CARD to ENTER! After each name on registration, please enter <input checked="" type="checkbox"/> if touring Museum.	\$ 50	#	\$
Thursday, Sept 26: 10:45am-2:00pm ~ Fabulous River Cruise Includes Lunch & Live Jazz	\$ 92	#	\$
Friday, Sept 27: 10:00am-2:00pm ~ New Orleans & Garden District ~ LUNCH ON YOUR OWN!	\$ 48	#	\$
Total amount payable to: 8th AFHS			\$

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

MEMBER NAME: _____ BG/FG (for name tag & seating) _____

VETERAN? If yes—> WWII: _____ Post WWII: _____ (conflict or era): _____ (Branch of Service): _____

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

DAYTIME PH #: _____ EMAIL: _____

Name #2: _____ WWII Museum: _____ Military service: _____

Name #3: _____ WWII Museum: _____ Military service: _____

Name #4: _____ WWII Museum: _____ Military service: _____

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