

REGISTRATION INFORMATION FORM

This form must be returned to the TCS Office -PO BOX 100, SOMERSET, MA 02726
(please print)

Name: _____ TCS Membership # _____ 1st TCS Reunion? _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ - _____ Cell: () _____ - _____ Email: _____

Spouse/Guest(s) attending:

Name: _____ Cell: () _____ - _____

Name: _____ Cell: () _____ - _____

Name: _____ Cell: () _____ - _____

Destroyers you served aboard (limit 3)

Ship Name, Hull Number, Years Aboard (i.e. 1952-56)

USS _____

USS _____

USS _____

Are you part of a Reunion Group? If so, please provide the Group name: _____

Please list any physical limitations or issues we should be aware of (You and Your Guests):

Person to notify in case of emergency. Please List someone not attending the reunion for each attendee.

Emergency Contact: Name: _____ Cell: () _____ - _____

Emergency Contact: Name: _____ Cell: () _____ - _____

Emergency Contact: Name: _____ Cell: () _____ - _____

Food Allergies/ Any other allergies?

MEAL SELECTION

Include how many of each choice if you have a guest.

Wednesday Evening Dinner:

- _____ Chicken Marsala with a Marsala Wine Sauce
- _____ Pan Seared Salmon Filet with a Ginger Soy Glaze
- _____ Prime Rib with Au Jus and Horseradish
- _____ Vegetarian Option
- _____ Gluten Free Option

Seating Preference: Everyone will be assigned a table for the Wednesday night dinner. If you have seating preferences, please list them below. Otherwise, we will try to seat you with any attendees who served on your ship.

REGISTRATION PAYMENT

(please print)

Registration Fee (per person) **\$185.00** Total Registration Fee \$ _____

OPTIONAL TOURS

		Price Per Person	Total # of People	Total
Sunday 9/21	Spirit of Norfolk Dinner Cruise	\$150.00		
Monday 9/22	Jamestown Settlement Day Trip	\$85.00		
Tuesday 9/23	Victory Rover Naval Base Cruise & Nauticus	\$85.00		

NEW membership, \$30 special Reunion rate \$ _____

I would like to make an additional donation of \$ _____

TOTAL REGISTRATION FEES, TOURS, MEMBERSHIP & DONATION : \$ _____
 (Tours, Membership & Donation optional)

PAYMENT INFORMATION

_____ Enclosed is my check (Make Payable to Tin Can Sailors) in the amount of \$ _____

_____ Charge my credit card in the amount of \$ _____

Credit Card Number: _____ Exp. Date: ____/____/____ Sec. Code: _____

Billing address: (if different from mailing address)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Name on Card: _____

Once registration is complete, a confirmation letter will be sent to the email address you've provided.