



# REGISTRATION FORM

## 48th Annual 8th AFHS REUNION

Crystal Gateway Marriott, Arlington, VA  
October 19-23, 2022

REGISTRATION CUT-OFF DATE IS September 16, 2022 (NO refunds on cancellations past this date)	Price p/p	# of People	TOTAL
<b>DUES:</b> The principal attendee <i><b>MUST</b></i> be a CURRENT member of the 8th AFHS to register for this reunion. If you are NOT CURRENT, or a member, <b>please pay your yearly dues here:</b>	\$ 40	#	\$
<b>REGISTRATION FEE (non-refundable):</b> EVERY attendee <b>MUST</b> pay registration fee	\$ 45	#	\$
<b>BREAKFAST/BRUNCH BUFFET</b> served 7:45am-8:45am, Thursday-Sunday (Price is \$40 per person per day) Thursday: # _____ Friday: # _____ Saturday: # _____ Sunday: # _____	\$ 40	#	\$
<b><u>DINNERS</u></b>			
Thursday, Oct 20: Dinner Buffet	\$ 57	#	\$
Friday, Oct 21: Rendezvous Dinners—Roasted Free-Range Chicken & all the trimmings!	\$ 58	#	\$
Saturday, Oct 22: GALA Banquet (Please select one entrée per person)			
Grilled Marinated Flank Steak (beef)	\$ 58	#	\$
Pan Seared Herb Crusted Salmon	\$ 58	#	\$
Vegetarian, vegan, gluten free, etc—Please indicate type: Thurs _____ Fri _____ Sat _____	\$ 58	#	\$
<b>TOUR OPTIONS: ALL tours are LUNCH ON YOUR OWN each day</b>			
Thursday, Oct 20: 9am-12pm Steven F Udvar-Hazy Center	\$ 38	#	\$
Thursday, Oct 20: 1:30pm-4:30pm Arlington Cemetery & Monuments	\$ 25	#	\$
Friday, Oct 21: 12:30pm-4:30pm Washington Mall & Memorials	\$ 38	#	\$
Saturday, Oct 22: 11:00am-3:30pm Historic Old Town Alexandria, VA	\$ 38	#	\$
<b>Total amount payable to: 8th AFHS</b>			\$

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

MEMBER NAME (for name tag): \_\_\_\_\_ WWII VETERAN? \_\_\_\_\_

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

SPOUSE or GUEST #1: \_\_\_\_\_

GUEST #2: \_\_\_\_\_ GUEST #3: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME PH #: \_\_\_\_\_ 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](mailto:ManagingDirector@8thAFHS.org)