

REUNION REGISTRATION FORM
174th AHC ASSOCIATION
“Together Again”

Name: _____ Duty Position: _____

Dates Served in 174th AHC: _____ Section/Platoon: _____
(Month/Year to Month/Year)

Name and relationship of those attending with you: _____
(use back of sheet if needed)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Email: _____ Telephone: (H) _____ (C) _____

ASSOCIATION DUES: (If your membership is not currently paid thru 30 April 2022)

_____ New/Renew for 1 year Period (thru 30 April 2022) @ \$15.00

_____ New/Renew for 3 year Period (thru 30 April 2024) @ \$40.00 \$ _____

Registration Fee: \$35.00 each member & guests (number attending) _____ (X \$35.00) = \$ _____

Reunion Celebration Banquet:** \$25.00 each (number attending) _____ (X \$25.00) = \$ _____

ADDITIONAL OPTIONAL DONATION: (applied to 174th Association operating expenses) \$ _____

TOTAL ENCLOSED \$ _____

To assist in projecting attendance numbers for activities, please indicate your intention to participate:
(PLEASE CIRCLE and indicate Number)

YES NO Friday Afternoon Ladies' luncheon (Tent/Pool Deck) (Number in party) _____

YES NO Friday Evening "Chillin Out" Buffett (Hotel Lobby) (Number in party) _____

YES NO Shuttle Transportation "To/From" Elk's Club Banquet (Number in party) _____

YES NO Sunday Evening Survivors Pizza Party (Number in party) _____

Mail Registration Form and Payment Check Payable to:

174th AHC Association:
c/o Hal Koster, Secretary/Treasurer
2939 Van Ness St NW
apt 912
Washington, DC 20008
email:
DucPho69@Outlook.com