

2017 REUNION REGISTRATION FORM USS INDIANAPOLIS SURVIVORS ORGANIZATION

72nd Anniversary Reunion of CA-35 Survivors
Thursday July 27 – Sunday, July 30, 2017
Hyatt Regency Hotel, Indianapolis, Indiana

For Official Use Only

Date Rec _____

Table _____

Ticket #s _____

Name _____	Relationship _____
<i>Example:</i> <i>Harold Bray</i> <i>Survivor</i> <i>Tom Morgan</i> <i>Son of Survivor Glenn Morgan</i> <i>John Q. Public</i> <i>Nephew of Lost-At-Sea...or Friend of Survivor...or other</i>	
Address _____	
Phone _(____)_____ Email Address: _____	

Please list additional guests:

Name	Relationship	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____

You may add a separate page if you have additional guests, or add special notes or questions on the back of this form

REGISTRATION FEES	
Survivor _____ x \$0	= No Charge for Survivor
Total adults _____ x \$75.00	= \$ _____
Total children _____ x \$30.00 (12 years and younger)	= \$ _____
Total Fee Enclosed = \$ _____ mail address below	

Available for the banquet upon request: Vegetarian meal option	Number requested _____
Gluten-free meal option	Number requested _____

Please consider a donation to the Survivors Organization:	Donation \$ _____ <i>(Thank You!)</i>
Would you like a receipt for tax purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Wheelchair(s) requested?	Yes <input type="checkbox"/> (How many? _____)	No <input type="checkbox"/>
Walker(s) requested?	Yes <input type="checkbox"/> (How many? _____)	No <input type="checkbox"/>

Please mail this form along with your check made payable to:
USS Indianapolis Survivors Organization c/o Elko Perchyshyn – Treasurer 1073 Orange Avenue East, St. Paul, MN 55106

REGISTRATIONS MUST BE RECEIVED NO LATER THAN THURSDAY, JUNE 15th, 2017 Questions?
 Question? Email Jim Belcher Jr at jimbelcherjr@gmail.com or call (540) 256-1676 (voice message or text)