2022 GOLDEN EAGLES Reunion Registration Form

Listed below are all registration, tour, and meal costs for the 2022 reunion. Please enter your selections for each event you and your guest desire to participate in. Then total your cost and send that amount payable to ARMED FORCES REUNIONS, INC. in the form of a check or money order. Your cancelled check will serve as your confirmation. You may also register online and pay by credit card at **www.afr-reg.com/goldeneagles2022** (online registrations will be charged a convenience fee of 3.5%). All registration forms and payments must be received on or before March 8, 2022. After that date, reservations will be accepted on a space available basis only. We suggest you make a copy of your completed form before mailing. Please do not staple or tape your payment to this form. (Returned checks will be charged a \$20 fee.)

Armed Forces Reunions, Inc. 322 Madison Mews Norfolk, VA 23510 ATTN: Golden Eagles

OFFICE USE ONLY					
Check #	Date Received				
Inputted _	Nametag Completed				

Don't forget CUT-OFF date is 08 March 2022	Price Per	# of People	Total			
Registration (Golden Eagles Only)	\$95		\$95			
Total number in your party (including member, spouse, guests)		#				
OPTIONAL EVENTS						
Wednesday 6 April Early Bird Happy Hour Reception		#				
Thursday 7 April Welcome Aboard Reception	\$ 72		\$			
Friday 8 April Golf Tournament	\$120		\$			
Friday 8 April Golf Club Rentals	\$40		\$			
Friday 8 April NASM Udvar Hazy Tour	Free	#				
Friday 8 April Memorial Service Transportation	Free	#				
Saturday 9 April Breaux Winery Tour & Tasting	\$105		\$			
Saturday 9 April Banquet Dinner (Braised Short Rib)	\$ 85		\$			
Saturday 9 April Banquet Dinner (Chicken Marsala)	\$ 85		\$			
Saturday 9 April Banquet Dinner (Salmon with Tarragon Cream Sauce)	\$ 85		\$			
Saturday 9 April Banquet Dinner (Pasta Primavera)	\$ 85		\$			
Total Amount Payable to Armed Forces Reunions, Inc.						

PLEASE PRINT NAME / CALLSIGN AS YOU WISH IT TO APPEAR ON YOUR NAMETAG:

FIRST			(CALLSIGN	LAST	
Circle FLIGHT: NE	SE	CE	WE	SPOUSE / GUEST NAME(S)		
EMAIL				@		
STREET ADDRESS_						
CITY, ST, ZIP					PH. # (
DISABILITY / DIETAR	Y RES	TRICTION	ONS:			

(Special room requirements must be conveyed by attendee directly to the Lansdowne Resort staff upon registration)