

2024 GOLDEN EAGLES Reunion Registration Form

Listed below are all registration, tour, and meal costs for the 2024 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.events.afr-reg.com/e/goldeneagles2024 (online registrations will be charged a convenience fee of 4%). All registration forms and payments must be received on or before March 25, 2024. 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 _____	Names Completed _____

Don't forget CUT-OFF date is 25 March 2024!

	Price Per	# of People	Total
Registration (Golden Eagles Only)	\$ 50	-----	\$ 50
Total number in your party (including member, spouse, guests)	-----	#	-----
<u>OPTIONAL EVENTS</u>			
Wednesday 24 April: Early Bird Happy Hour Reception	\$ 25		\$
Thursday 25 April: Welcome Aboard Reception	\$ 50		\$
<i>Please Choose Only One Friday Event per person</i>			
Friday 26 April: Golf Tournament (<i>club rentals available at course for \$50</i>)	\$ 125		\$
Friday 26 April: St. Augustine Tour Tour (9:30am-2:30pm)	\$ 55		\$
Saturday 27 April: Ladies Luncheon	\$ 35		\$
Saturday 27 April: Banquet Dinner (<i>Beef Short Ribs</i>)	\$ 75		\$
Saturday 27 April: Banquet Dinner (<i>Citrus Seared Chicken</i>)	\$ 75		\$
Saturday 27 April: Banquet Dinner (<i>Salmon</i>)	\$ 75		\$
Saturday 27 April: Banquet Dinner (<i>Vegetarian</i>)	\$ 75		\$
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 / DIETARY RESTRICTIONS: _____

(Special room requirements must be conveyed by attendee directly to the hotel staff upon reservation)

Register online at www.events.afr-reg.com/e/goldeneagles2024