

USS MONTICELLO REUNION

Robert T. Behm
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For Office Use Only

Dinner Ticket Number/s:

NO. OF GUESTS:

2007 REUNION ATTENDANCE CONFIRMATION FORM

August 1, 2, 3, 4, & 5, 2007

PLEASE FILL OUT THIS FORM AND MAIL TO THE ABOVE ADDRESS. PLEASE INCLUDE A CHECK OR MONEY ORDER IN THE APPROPRIATE AMOUNT FOR YOU AND YOUR GUEST (S) MADE PAYABLE TO USS MONTICELLO REUNION.

*****PLEASE NOTE: There is a \$150.00 per person, non-refundable, one fee only system in place for this reunion. This fee covers all USS Monticello Reunion provided events such as the Friday night Mixer with hor'devors, the Saturday breakfast buffet and evening "Dinner and Formal Dance" with music provided by, and Sunday farewell breakfast buffet. **You must separately make your own hotel reservations with The Grand Plaza Hotel by calling: (800) 850-6646 using the following information with your registration: USS Monticello Reunion, Group Code: USSMON.**

Visit our website at <http://www.ussmonticello.com> for reunion updates.

NAME: _____, _____, _____
(LAST) (FIRST) (MI)

ADDRESS: _____, _____, _____
(STREET, P.O. BOX) (CITY AND STATE) (ZIP)

TELEPHONE: _____, _____, _____
(HOME) (WORK) (CELL)

EMAIL: _____ AND/OR _____

I served on board the **USS MONTICELLO LSD-35** from ____/____/____ to ____/____/____

My highest rank/rate held on board was _____ in the _____ Department /

OR, On the Staff of _____

My position was: CO _____ XO _____ Dept. Head _____ Plank Owner _____

Decommissioning Crew _____

CREW MEMBER _____ HONORARY MEMBER _____ FAMILY MEMBER _____

CLIP, PHOTO COPY OR PRINT BOTH FORMS AND MAIL TO:

Robert Behm, 3011 Dunn Road, Valley Springs, CA 95252 (209) 772-0543
Make Checks Payable to: **USS MONTICELLO REUNION**
Questions for the hosts can be directed to the above email address.

**Please register early to allow the Hosts to complete arrangements for the reunion:
Forms and deposits must be received and confirmed by **June 15th, 2007.**
After June 15th there will an additional \$50 late registration fee.**

PLEASE LIST YOUR GUEST(S) BELOW

Name Tag #1: _____

Name tag #2: _____

Name tag #3: _____

Name tag #4 _____

Dietary/Handicap Restrictions: _____

Date	Event	Cost per Person	Number Attending	Total Due
8/1 – 8/4	Hospitality Room	Included		\$
8/2 – 8/3	Saturday Banquet, Dinner Buffet, Auction and Dancing	\$150.00		\$
	Member Dues <i>(if not already paid)</i> (Spouse Included)	\$10/yr \$30/Life		\$
	Administration Fee	00.00		\$
Grand Total This form is for Reunion '07				\$

For Office Use Only:

Date Paid: _____ Check #: _____

Amount Paid: _____ Total Guests: _____