

# USS MONTICELLO REUNION

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**For Office Use Only**

Dinner Ticket Number/s:

**NO. OF GUESTS:**

## 2009 REUNION ATTENDANCE CONFIRMATION FORM

September 16, 17, 18, and 19, 2009

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 and the evening "Banquet and Formal Dance." **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 **July 15th, 2009.**  
**After July 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: \_\_\_\_\_

<b>Date</b>	<b>Event</b>	<b>Cost per Person</b>	<b>Number Attending</b>	<b>Total Due</b>
9/16-9/19	Hospitality Room	Included		\$
9/18	Friday Banquet, Dinner Buffet, Auction and Dancing	\$150.00		\$
	Member Dues <i>(if not already paid)</i> (Spouse Included)	\$10/yr \$30/Life		\$
	Administration Fee <i>Compliments of your hosts</i>	00.00		\$
			<b>Grand Total</b> <b>This form is for Reunion '09</b>	\$

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Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Total Guests: \_\_\_\_\_