

USS MONTICELLO REUNION

Robert 7 Maria Behm
3011 Dunn Road
Valley Springs, CA. 95252
beamer@ussmonticello.com

For Office Use Only

Dinner Ticket Number/s:

NO. OF GUESTS:

2011 REUNION ATTENDANCE CONFIRMATION FORM

October 19, 20, 21, 22 and 23, 2011

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 Harrah's Reno hotel by calling: (888) 726-6311 using the following information with your registration:
USS Monticello Reunion, Group Code: SMONT10.**

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 **August 15th, 2011.**
After August 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
10/19-23	Hospitality Room	Included		\$
10/22	Banquet, Dinner Buffet, Auction and Dancing	\$150.00		\$
	Member Dues <i>(if not already paid)</i> (Spouse Included)	\$10/yr \$30/Life		\$
	Late Fee (after August 15, 2011)	\$50.00		\$
			Grand Total This form is for Reunion '11	\$

For Office Use Only:

Date Paid: _____ Check #: _____

Amount Paid: _____ Total Guests: _____