

USS MONTICELLO REUNION

Robert T. Behm
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Valley Springs, CA. 95252
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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 is 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 _____

Mail this completed form 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 address and phone number above.

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
9/16-9/19	Hospitality Room	Included \$0		\$ 0
9/18	Banquet Night, Other Entertainment and Misc. Events	\$150.00		\$
	Member Dues <i>(if not already paid)</i> (Spouse Included)	\$10/yr or \$30/Life		\$
	Administration Fee <i>Compliments of your hosts</i>	\$0		\$ 0
Grand Total This form is for Reunion '11				\$

For Office Use Only:

Date Paid: _____ Check # _____

Amount Paid: _____ Total Guests: _____