**2016 REUNION REGISTRATION FORM**

**USS INDIANAPOLIS SURVIVORS ORGANIZATION** For Official Use Only

**71st Anniversary Reunion of CA-35 Survivors** Date Rec \_\_\_\_\_\_\_\_

**Thursday July 7 – Sunday, July 10, 2016** Table \_\_\_\_\_\_\_\_

**Hyatt Regency Hotel, Indianapolis, Indiana** Ticket #s \_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Example: Harold Bray Survivor*

 *Tom Morgan Son of Survivor Glenn Morgan*

 *John Q. Public Nephew of Lost-At-Sea…or Friend of Survivor…or other*

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list additional guests:

**Name Relationship Email**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*You may add a separate page if you have additional guests, or add special notes or questions on the back of this form*

**REGISTRATION FEES**

Survivor \_\_\_\_\_\_ x $0 = No Charge for Survivor

Total adults \_\_\_\_\_\_ x $75.00 = $ \_\_\_\_\_\_\_\_\_\_

Total children \_\_\_\_\_\_ x $30.00 (12 years and younger) = $ \_\_\_\_\_\_\_\_\_\_

 **Total Fee Enclosed** = $ \_\_\_\_\_\_\_\_\_\_

Available for the banquet upon request: Vegetarian meal option Number requested \_\_\_\_\_\_\_\_\_

Gluten-free meal option Number requested \_\_\_\_\_\_\_\_\_

**Please consider a donation to the Survivors Organization:** Donation $ \_\_\_\_\_\_\_\_\_\_ (*Thank You!)*

**Would you like a receipt for tax purposes?**  Yes \_\_ No \_\_

Wheelchair(s) requested? Yes \_\_ (How many? \_\_\_\_) No \_\_

Walker(s) requested? Yes \_\_ (How many? \_\_\_\_) No \_\_

Please mail this form along with your check made payable to:

**USS Indianapolis Survivors Organization**

**c/o Elko Perchyshyn – Treasurer**

**1073 Orange Avenue East, St. Paul, MN 55106**

**REGISTRATIONS MUST BE RECEIVED NO LATER THAN THURSDAY, JUNE 9th, 2016**

**Questions? Email Jim Belcher Jr at** **jimbelcherjr@gmail.com** **or call (540) 256-1676 (voice message or text)**