## NATIONAL TIMBERWOLF PUPS ASSOCIATION 2018 REUNION—ACTIVITY REGISTRATION FORM

Listed below are all registration, tour, and meal costs for the reunion. Please note how many people will be participating in each event, and total the amount. Send that amount payable to ARMED FORCES REUNIONS, INC. in the form of a check or money order. Your canceled check will serve as your confirmation. Returned checks will be charged a \$20 fee. You may also register online and pay by credit card at www.afr-reg.com/timberwolf2018 (a 3.5% charge will be added to the total). All registration forms and payments must be received on or before August 2, 2018. After that date, reservations will be accepted on a space-available basis. We suggest you make a copy of this form before mailing it. Please do not staple or tape your payment to this form.

ARMED FORCES REUNIONS, INC. 322 MADISON MEWS NORFOLK, VA 23510 ATTN: TIMBERWOLF

OFFICE USE ONLY							
Check #		Date Received					
Inputted		Nametag Completed					

CUT-OFF DATE IS AUGUST 2, 2018									
				Price Per	# of People	Total			
TOURS									
Thurs. (9/6): WRIGHT-PATTERSON USAF MUSEUM TOUR	9:00 AM	to	3:00 PM	\$34	Х	=			
Friday (9/7): DAYTON CITY / CARILLON HIST. PARK TOUR	9:00 AM	to	3:30 PM	\$54	Х	=			
Friday (9/7): MAYHEM & MYSTERY DINNER THEATER	6:20 PM	to	9:30 PM	\$42	Х	=			
BANQUET									
Sunday (9/9): Banquet Dinner (Please select an entrée below.)	7:00 PM	to	11:00 PM						
Herb-Roasted Prime Rib with Horseradish Cream & Au Jus					Х	=			
Grilled Salmon with Creamy Leek Sauce									
Grilled Chicken with Honey-Brie Dijon Sauce					Х	=			
PER-PERSON REGISTRATION FEE (Covers various reunion expenses)									
REGISTRATION FEE(S) IF RECEIVED ON OR BEFORE 08/02/18					Х	=			
REGISTRATION FEE(S) IF RECEIVED AFTER 08/02/18					Х	=			
Reunion Photo CD (prepared by NTPA Photographer Art Luque)					Х	=			
Total Amount Payable to <b>Armed Forces Reunions, Inc.</b>						\$			

## PLEASE PRINT YOUR NAME AS YOU WANT YOUR NAMETAG TO READ.

FIRST	LAST_			
TW UNIT		_ FIRST REUNION?	PUP? YES	NO
SPOUSE NAME (IF ATTENDING)				
GUEST(S)				
ADDRESS				
PH. NUMBER ()				
DISABILITY/DIETARY RESTRICT NOTE: SPECIAL SLEEPING/ROO				TO THE HOTEL.
CREDIT CARD #			EXP	
NAME (AS ON CARD)		SIGNATURE		
MUST YOU BE LIFTED HYDRAUI IN BUS TRIPS? ☐ YES ☐ NO (PI				TO PARTICIPATE
ARRIVAL & DEP. DATES	TO • V	A PLANE CAR	RV • STAYING AT HOT	EL? YES NO
By submitting this form, you wi	ill be enrolled in our month	lly newsletter subscripti	on. To opt out, please	check this box:

For refunds and cancelations, please refer to our policies outlined on the reunion schedule page. **CANCELATIONS WILL ONLY BE TAKEN MONDAY–FRIDAY**, 9:00 AM–5:00 PM EASTERN TIME (excluding holidays). Call (757) 625-6401 to cancel reunion activities and obtain a cancelation code. Refunds processed 4 to 6 weeks after the reunion.