

# 2024 Reunion Registration Form

*(Please Print)*

Attendee 1   Attendee 2   Attendee 3   Attendee 4   Attendee5   Attendee 6

**First Name**

\_\_\_\_\_

**Last Name**

\_\_\_\_\_

**City**

\_\_\_\_\_

**State**

\_\_\_\_\_

**Dietary Needs**

\_\_\_\_\_

**Registration Fee (per person)**

Adult or Child (Under 13)   **\$50 or \$0**   \$ \_\_\_\_\_   \$ \_\_\_\_\_   \$ \_\_\_\_\_   \$ \_\_\_\_\_   \$ \_\_\_\_\_   \$ \_\_\_\_\_

**Fri (10/25) 7:00 Dinner & Program**

Adult or Child (3-12,   **\$70 or \$20**   \$ \_\_\_\_\_   \$ \_\_\_\_\_   \$ \_\_\_\_\_   \$ \_\_\_\_\_   \$ \_\_\_\_\_   \$ \_\_\_\_\_  
Under 3 Free)

**Sat (10/26) 9:00 Memorial Program**

No Meal - Program Only   \$0   \$ **0**   \$ **0**   \$ **0**   \$ **0**   \$ **0**   \$ **0**

**Sat (10/26) 7:00 Dinner & Program**

Adult or Child (3-12,   **\$75 or \$20**   \$ \_\_\_\_\_   \$ \_\_\_\_\_   \$ \_\_\_\_\_   \$ \_\_\_\_\_   \$ \_\_\_\_\_   \$ \_\_\_\_\_  
Under 3 Free)

**Total for EACH Attendee:**   \$ \_\_\_\_\_   \$ \_\_\_\_\_   \$ \_\_\_\_\_   \$ \_\_\_\_\_   \$ \_\_\_\_\_   \$ \_\_\_\_\_

<b><u>Grand Total for ALL Attendees:</u></b> \$ _____ <i>( See Page 2 for additional needed information)</i>
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**Attendee 1 Additional Information:**

**Mailing Address:** \_\_\_\_\_

**Preferred Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**90th Unit:** \_\_\_\_\_ **Special Needs:** \_\_\_\_\_

**Payment Information**

\_\_\_\_ **Check enclosed** - Please make checks payable to: **90<sup>th</sup> Division Association**

\_\_\_\_ **Credit Card** (Visa, MC, Disc., AmEX): Name on Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_

**Mail Registration Form to : 90<sup>th</sup> Division Association, PO Box 125, Nevada, IA 50201-0125**

For questions please contact Nancy Rasmusson: **[Nancy@90thdivisionassoc.org](mailto:Nancy@90thdivisionassoc.org) or Phone: 970-227-2744**