



27th Infantry Regiment Historical Society, Inc.
28th Annual Reunion
Nashville, Tennessee
Registration Form



Member Name: _____ Name on N Tag: _____
 Spouse Name: _____ Spouse N Tag: _____
 Guest Name: _____ Guest N Tag: _____
 Guest Name: _____ Guest N Tag: _____
 Guest Name: _____ Guest N Tag: _____
 Address; _____ City: _____ State: _____ Zip: _____
 Home Phone#: _____ Cell Phone#: _____ e-mail _____
 Emergency Contact: _____ Relationship: _____ Phone#: _____
 Battalion: _____ Company: _____ Dates Served: _____
 Is this your 1st Reunion: YES ___ NO ___ Arrival date: _____ Departure date: _____

Registration Fees: _____ X \$45.00 \$ _____
All Members, Spouses and Guests must pay a registration fee.

Voluntary Donation to Offset Costs for the Hospitality Room \$ _____

Monday, August 19, 2019				
Historic Tennessee Tour	_____	X	\$ 125.00	\$ _____
Tuesday, August 20, 2019				
Grand Old Opry	_____	X	\$ 80.00	\$ _____
Wednesday, August 20, 2019				
General Jackson Dinner Cruise	_____	X	\$ 125.00	\$ _____
Thursday, August 21, 2019				
Jack Daniels Distillery Tour	_____	X	\$ 125.00	\$ _____
Friday, August 22, 2019				
Annual Buffet Dinner & Auction	_____	X	\$ 69.00	\$ _____
Saturday, August 23, 2019				
Wolfhound Annual Banquet				
Marinated Charbroiled Sirloin	_____	X	\$56.00	\$ _____
Dill Encrusted Salmon	_____	X	\$56.00	\$ _____
Mediterranean Chicken	_____	X	\$56.00	\$ _____

TOTAL FEES: CHECK # _____ TOTAL \$ _____

Every effort will be made to accommodate special dietary request;
 Enter Request _____

Please make all checks payable to: **27th Infantry Regiment Historical Society, Inc.**
 Mail to: 27th Infantry Regiment Historical Society, 908 Riverbend Road, Clinton, TN 37716
 (NOTE: Cancellations received after July 1, 2019 will be honored only if expenses have not been already incurred, if there are, the appropriate fees will be deducted.)

If you would like to use your credit card, please complete the other side.



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I authorize the 27th Infantry Regiment Historical Society, Inc. to charge \$_____.
On my Credit Card Listed below:

Type of Card: VISA Master Card Discovery American Express Other
(please circle one)

Credit Card Number: _____

Expiration Date: _____ / _____ Security Code on back of card _____

Name on Card: _____

Zip Code Associated with Card _____

All Credit Card information will be destroyed after being processed.