



27th Infantry Regiment Historical Society, Inc.
33rd Annual Reunion
Colorado Springs, Colorado
Registration Form



Member Name: _____ Name N Tag: _____
 Spouse Name: _____ Spouse 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: _____
 Enter the information for additional guests on the back side of this form.

Registration Fees: _____ **X \$55.00** \$ _____

All Members, Spouses and Guests must pay a registration fee.

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

Tuesday, August 13, 2024

Air Force Academy-Garden of the Gods-

World War II Aviation Museum _____ **x \$ 98.00** \$ _____

Wednesday, August 14, 2024

Dinner at the Flying W Ranch _____ **x \$ 103.00** \$ _____

Thursday, August 15, 2024

Royal Gorge Railroad & _____ **x \$ 140.00** \$ _____

Friday, August 16, 2024

Annual Buffet Dinner & Auction _____ **x \$ 65.00** \$ _____

Saturday, August 17, 2024

Wolfhound Annual Banquet _____ **x \$ 65.00** \$ _____

Choose your meals:

Pork Loin _____ Honey Garlic Salmon _____ Grilled Chicken Breast _____

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, 10950 Glory Maple Lane,
 Knoxville, TN 37932

(NOTE: Cancellations received after July 1, 2024 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 \$ _____ .00

On the 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.