



27th Infantry Regiment Historical Society, Inc. 34th Annual Reunion Kansas City, Missouri Registration Form



Member Name: _____ Name on N Tag: _____
Spouse Name: _____ Spouse N Tag: _____
Guest Name: _____ Guest N Tag: _____
Address: _____ City: _____ State: _____ Zip: _____
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 \$50.00 \$ _____
All Members, Spouses and Guests must pay a registration fee.

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

Wednesday, August 20, 2025
 WW I Museum & Coffee Factory _____ X \$ 70.00 \$ _____
Thursday, August 21, 2025
 Truman Library & Gangster Tour _____ X \$ 70.00 \$ _____
Friday, August 22, 2025
 Annual Buffet Dinner _____ X \$ 75.00 \$ _____
Saturday, August 23, 2025
 Wolfhound Annual Banquet
 Pan Seared Chicken _____ X \$75.00 \$ _____
 Pan Seared Salmon _____ X \$75.00 \$ _____
 Maple Pork Tenderloin _____ X \$75.00 \$ _____

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, 10950 Glory Maple Lane, Knoxville, TN 37932

(NOTE: Cancellations received after July 15, 2025 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.



27th Infantry Regiment Historical Society, Inc.
34th Annual Reunion
Kansas City, Missouri
Registration Form



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.