

AC-119 GUNSHIP ASSOCIATION REGISTRATION FORM – SEPTEMBER 9-16, 2024

Listed below are all registration, tour, and meal costs for the reunion. Please enter 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 check or money order. Your cancelled 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.events.afr-reg.com/e/AC-119Gunship2024 (4% convenience fee will be added to credit card charges and is non-refundable). **To be guaranteed, your registration forms and payments must be received by mail on or before August 12, 2024.** After that date, registrations will be accepted on a space available basis. We suggest you make a copy of this form before mailing. Please do not staple or tape your payment to this form.

Armed Forces Reunions, Inc.
322 Madison Mews
Norfolk, VA 23510
ATTN: AC-119 Gunship Association

OFFICE USE ONLY	
Check # _____	Date Received _____
Inputted _____	Nametag Completed _____

GUARANTEED CUT-OFF DATE IS 8/12/24

	Price Per	# of People	Total
REGISTRATION FEES (Mandatory PER PERSON)			
Registration Fee for Member, Spouse and Each Guests is Required	\$35	#	\$
MEALS (Optional)			
<i>Please Enter the Total Number of Guests Attending Each Meal</i>			
Friday, 9/13: Meet and Greet – Italian Buffet	\$50	#	\$
Saturday, 9/14 – Dinner Banquet – Please Choose One Entrée for Each Attendee:			
London Broil	\$50	#	\$
Chicken Marsala	\$44	#	\$
Blackened Salmon	\$46	#	\$
Vegetarian Entrée	\$44	#	\$
Sunday, 9/15 – Farewell Dinner- BBQ Buffet	\$55	#	\$
TOUR (Optional)			
<i>Please Enter the Total Number of Guests Attending Each Tour</i>			
Thursday, 9/12: Royal Gorge Train -including train, bus, guide and lunch voucher	\$167	#	\$
Total Amount Payable to Armed Forces Reunions, Inc.	\$	#	\$

***YOU ONLY NEED TO FILL OUT ONE FORM – SPOUSES AND GUESTS WILL BE INCLUDED ON THIS FORM**

AC-119 AIR OR GROUND CREW:

FIRST _____ LAST _____

PRINT NAME AS YOU WANT IT TO APPEAR ON YOUR NAME TAG (INCLUDING NICKNAME): _____

CREW POSITION _____ DATES SERVED (EX 11/67-11/68) _____ SQUADRON(S) _____

1ST REUNION YES NO **WILL YOU DO A VIDEO OR BIO** YES NO **IF YES, WE WILL CONTACT YOU**

EMAIL ADDRESS _____ PH. NUMBER (_____) _____ :

STREET ADDRESS _____ CITY, ST, ZIP _____

FAMILY AND/OR GUEST (IF ATTENDING):

FIRST NAME _____ LAST NAME _____

Check here if was also in the military

FAMILY/GUEST EMAIL ADDRESS _____ (ONLY IF DIFFERENT FROM PRIMARY ATTENDEE)

FAMILY/GUEST PH. NUMBER (_____) _____ : (ONLY IF DIFFERENT FROM PRIMARY ATTENDEE)

FAMILY/GUESTS STREET ADDRESS _____ CITY, ST, ZIP _____
 (ONLY IF DIFFERENT FROM PRIMARY ATTENDEE)

RELATIONSHIP TO PRIMARY ATTENDEE (SPOUSE, SON, FRIEND, ETC) _____

IF DIFFERENT THAN LISTED ABOVE, PLEASE PRINT NAME AS YOU WANT THEM TO APPEAR ON YOUR NAME TAG:

1ST REUNION YES NO **WILL FAMILY MEMBER DO A VIDEO OR BIO** YES NO **IF YES, WE WILL CONTACT YOU**

SEE PAGE 2

ADDITIONAL FAMILY AND/OR GUEST (IF ATTENDING):

FIRST NAME _____ LAST NAME _____

Check here if was also in the military

FAMILY/GUEST MEMBER EMAIL ADDRESS _____ (ONLY IF DIFFERENT FROM PRIMARY ATTENDEE)

FAMILY/GUEST MEMBER PH. NUMBER (_____) _____ - _____ (ONLY IF DIFFERENT FROM PRIMARY ATTENDEE)

FAMILYGUESTS STREET ADDRESS _____ CITY, ST, ZIP _____
(ONLY IF DIFFERENT FROM PRIMARY ATTENDEE)

RELATIONSHIP TO PRIMARY ATTENDEE (SPOUSE, SON, FRIEND,ETC) _____

IF DIFFERENT THAN LISTED ABOVE, PLEASE PRINT NAME AS YOU WANT THEM TO APPEAR ON YOUR NAME TAG:

1ST REUNION YES NO WILL FAMILY MEMBER DO A VIDEO OR BIO YES NO IF YES, WE WILL CONTACT YOU

ADDITIONAL FAMILY AND/OR GUEST (IF ATTENDING):

FIRST NAME _____ LAST NAME _____

Check here if was also in the military

FAMILY/GUEST MEMBER EMAIL ADDRESS _____ (ONLY IF DIFFERENT FROM PRIMARY ATTENDEE)

FAMILY/GUEST MEMBER PH. NUMBER (_____) _____ - _____ (ONLY IF DIFFERENT FROM PRIMARY ATTENDEE)

FAMILYGUESTS STREET ADDRESS _____ CITY, ST, ZIP _____
(ONLY IF DIFFERENT FROM PRIMARY ATTENDEE)

RELATIONSHIP TO PRIMARY ATTENDEE (SPOUSE, SON, FRIEND,ETC) _____

IF DIFFERENT THAN LISTED ABOVE, PLEASE PRINT NAME AS YOU WANT THEM TO APPEAR ON YOUR NAME TAG:

1ST REUNION YES NO WILL FAMILY MEMBER DO A VIDEO OR BIO YES NO IF YES, WE WILL CONTACT YOU

IF YOU HAVE ADDITIONAL FAMILY AND/OR GUESTS. PLEASE LIST INCLUDING FIRST AND LAST NAME, RELATIONSHIP, CITY AND STATE – PLEASE USE A SEMICOLON (;) TO SEPARATE.

(Example, Joe Blue, Friend, Pittsburg, PA; Jill Blue, Friend, Pittsburg, PA

DISABILITY/DIETARY RESTRICTIONS (please note what they are and for whom they apply): YES NO

(Sleeping room requirements must be conveyed by attendee directly with hotel)

MUST ANYONE IN YOUR GROUP BE LIFTED HYDRAULICALLY ONTO THE BUS WHILE SEATED IN A WHEELCHAIR IN ORDER TO PARTICIPATE IN BUS TRIPS? YES NO

IF YES, WHO? _____

(PLEASE NOTE THAT WE CANNOT GUARANTEE AVAILABILITY).

EMERGENCY CONTACT :

FIRST _____ LAST _____

EMAIL ADDRESS _____ PH. NUMBER (_____) _____ - _____

For refunds and cancellations please refer to our policies outlined at the bottom of the reunion program. **CANCELLATIONS WILL ONLY BE TAKEN MONDAY-FRIDAY 9:00am-5:00pm EASTERN TIME (excluding holidays).** Call (757) 625-6401 to cancel reunion activities and obtain a cancellation code. Refunds processed 4-6 weeks after reunion.