The Old Guard Association

22ND ANNUAL REUNION REGISTRATION

25 - 29 SEPTEMBER 2019

TO REGISTER AND PAY (IN FULL) ONLINE, GO TO WWW.OLDGUARD.ORG

*Please **PRINT CLEARLY** or **TYPE** all information*

Name: (Last, First, MI)_____ Nickname:_____

Rank:_____ Dates of Old Guard Service: Yr:_____ to Yr:_____Company: _____ Bn:_____ Btl Grp:____ Bde:_____

Home Address:_____ City/Town:_____ State:_____ Zip:_____

Phone: (_____)_____ Best time to call: _____AM _____PM Email: _____

Wife/Guest: (Last, First)_____ Nickname:_____

*Please list additional guests and their information on a separate sheet. If guest was an Old Guard Soldier, provide Rank, Company and Dates of Old Guard Service on a separate sheet. Please Indicate if **YOU WILL** need **HANDICAP ASSISTANCE**: YES:_☐_*

HAVE YOU ATTENDED A PREVIOUS TOGA REUNION? NO☐ YES☐ WHEN WAS THE LAST YEAR?_____

>**FULL REGISTRATION:** Includes Hospitality Room, Reception, Banquet and all Official Events,
EXCEPT DAY TRIP **Member & Guest(s)….. _____ x $145.00/ per person = $_____**

>**LIMITED REGISTRATION: Includes Saturday Evening Banquet *ONLY*** ……...
Member & Guest(s)….. _____x $85.00 per person, *ACTIVE DUTY*:_____ x $65.00/per person = $_____

>**RESTRICTED REGISTRATION:** Includes all events ***EXCEPT BANQUET*** **……**
Member & Guest(s)….. _____x $75.00/ per person = $_____

>SPECIAL: *UNDER AGE 12* CHILD REGISTRATIONS:
FULL: $85.00 x _____ = $_____ RESTRICTED: $30.00 x ____ = $_____Total For Children = $_____

♦ **UDVAR-HAZY CENTER:** Includes transportation, Lunch @ Wright Place (McDonald's)
ONLY 55 SEATS AVAILABLE **Member & Guest(s)….. _____x $30.00/ per person (Inclusive) = $_____**
Please register by NAME for the UDVAR-HAZY CENTER trip, using the form on next page.

►►►►►►►►►►►► GRAND TOTAL FOR YOUR PARTY►►►►►►►►► === TOTAL: $_____

The banquet will feature a sit-down, served dinner, with your choice from three entrees. Please make your irrevocable selections, listing the first name next to each choice:

BEEF _____ ***CHICKEN*** _____ ***CATCH OF DAY***_____
_____ _____ _____

If you desire special dietary consideration, CHECK HERE ☐ and attach a separate sheet with name & request.

►►*ENCLOSE A CHECK PAYABLE TO TOGA REUNION OR ENTER CREDIT CARD INFORMATION BELOW*◄◄

Credit Card #_____ (Please print very clearly) ☐Visa ☐MasterCard ☐AMEX ☐Disc

Exact Name on Card:_____ Expiration Date on Card: _____ / _____

If the billing address for the credit card is different from the address above, provide the credit card billing address:

Billing Address:_____ City/Town:_____ State:_____ Zip:_____

Your Signature:_____ Today's Date: ___/___/_____

HOTEL: reservations must be received before 26 August 2019 by the HOTEL – *DO NOT SEND TO TOGA*.
REUNION : registrations must be received before 18 September 2019 by TOGA.
E-Mail this entire form (do not cut) to: Ralph@2JonesSellHomes.com or
mail to: TOGA Treasurer – 2811 Oakton Manor Court, Oakton, VA 22124
Hotel Reservation Site:https://www.marriott.com/event-reservations/reservation-link.mi?id=1549297645449&key=GRP&app=resvlink
Hotel Phone #1 800 325-3535