



VO-67 REGISTRATION FORM

Please complete and return to reunion committee, in envelope provided.

This form will also be used by reunion committee to produce name tags.

Name: _____

Spouse: _____

Guest Name (s): _____

Address: _____

City: _____ State: _____

Zip: _____ E-mail: _____

Registration Fee – 12 to Adult: \$ 90.00 Attending X \$ 90.00 = _____

Children 3 to 11 years – \$32.50 Attending X \$ 32.50 = _____

Children 2 years and younger Free. Bus ride to USS Milius free in lap.

Registration Fees \$ _____

Memorabilia Form Fees \$ _____

Total amount enclosed \$ _____

Return to: Bob Reynolds 1614 Hallbrook Dr. San Jose, CA. 95124

Make all checks or money orders payable to: Bob Reynolds only.