

USS BARNEY DDG-6 ACTIVITY REGISTRATION FORM

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 (no credit cards or phone reservations accepted). Your cancelled check will serve as your confirmation. All registration forms and payments must be received by mail on or before **JUNE 29, 2004**. After that date, reservations will be accepted on a space available basis. We suggest you make a copy of this form before mailing.

Armed Forces Reunions, Inc.
P.O. Box 11327
Norfolk, VA 23517
ATTN: USS BARNEY DDG-6

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

CUT-OFF DATE IS 06/29/04	Price Per Person	# of People	Total
TOURS			
<i>Please choose one of the following two tours:</i>			
Friday: Captain George's Seafood Restaurant	\$55		\$
Friday: Spirit of Norfolk Dinner Cruise	\$49		\$
Saturday: Destroyer Tour/Lunch at Naval Base	\$35		\$
Sunday: Virginia Marine Science Museum	\$37		\$
Virginia Marine Science Museum – Ages 4-11	\$35		\$
MEALS Saturday: Banquet (Please select your entrée)			
Prime Rib of Beef	\$33		\$
Roasted Sirloin of Beef	\$29		\$
Grilled Breast of Chicken	\$27		\$
Pan Seared Fillet of Salmon	\$29		\$
MANDATORY PER PERSON REGISTRATION FEE			
Includes Hospitality Rm, administrative exp. and other reunion exp.	\$20 Sailor \$5 Ea Guest		\$
Total Amount Payable to Armed Forces Reunions, Inc.			\$

Please do not staple or tape your payment to this form.

PLEASE PRINT

NAME (for nametags) _____
(First) (MI) (Last) (Nickname)

DATES ABOARD (MONTH/YEAR): FROM: _____ / _____ TO: _____ / _____

SPOUSE NAME _____

GUEST NAMES _____

STREET ADDRESS _____

CITY, ST, ZIP _____ PH. NUMBER (____) _____ - _____

IF YOU'RE REGISTERED FOR THE DESTROYER TOUR, PLEASE FILL IN THE INFORMATION BELOW FOR EACH PERSON:

FULL NAME (FIRST LAST)	STATE & DRIVERS LICENSE # OR PASSPORT #

DISABILITY/DIETARY RESTRICTIONS _____

IN ORDER TO PARTICIPATE IN TOURS, WOULD YOU REQUIRE A WHEEL CHAIR LIFT ON THE BUS? **YES** **NO**
(PLEASE NOTE THAT WE CANNOT GUARANTEE AVAILABILITY).

EMERGENCY CONTACT _____ PH. NUMBER (____) _____ - _____

ARRIVAL DATE _____ DEPARTURE DATE _____

ARE YOU STAYING AT THE HOTEL? YES NO ARE YOU FLYING? DRIVING? RV?

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 your cancellation code.