DESTROYER LEADER ASSOCIATION, INC. – 19th ANNUAL REUNION August 30 – September, 5 - 2015 – San Diego CA. 2015 REUNION REGISTRATION FORM

(This registration form must be "RECEIVED" by the DLA Planner by JULY 8th, 2015.)

(After JULY 8th, you must register in San Diego CA, at the registration table at additional cost)

Please Print Legibly - Print Names as you want them to appear on your Name Badges

Name	Ηι	ıll Number	Rate [DivAb	oard Fron	n/To	
Street Address	Ci	ty	· · · · · · · · · · · · · · · · · · ·	_State	Zip Co	ode	
Phone	Em	ail					
Emergency Contact Name				_(Phone) (()		
Name of Guest(s) Attending _							
<u>Is this yo</u>	our First Time attendi	<u>ng a DL Reuni</u>	on? (Circ	ele One)	.Yes / No		
Registration Fee = \$25.00 pe	er person (Shipmate	plus each gue:	st) Qt	y @\$	25.00 eac	:h = \$	_
Name Tag, I (we) need New I		ne Tag(s) <i>Magnetic</i> (or			12.00 eac	h = \$	_
Names wanted on badge	es (please print)			 	 		_
Hotel User Fee Assessment	(\$30.00) (<i>Only if you a</i>	are not staying	at the CROW	NE PLAZ	4 HOTEL	\$	_
Board of Directors Meeting,	3:00 PM Tuesday, Se	ept 1 Do	you plan to a	ttend?	(Circle one	e) Yes / No	
Welcome Reception, 6:00 P	M Monday, August 3	31 (You must	request numb	er attendii	<u>ng</u>)	Qty	
<u>Optional</u> - 5:00 PM Tuesday *** <u>Or</u> *** Spaghetti F	Baseball Game Cost \$						
Hawaiian Buffet night Wed Hawaiian Buffet outside w/		Bar available -				\$	_
Banquet Plated Dinner, Fri	day, September 4, 20	15	<u>(I</u>	Please indic	ate quantity	of each meal desi	<u>red)</u>
	Entrée 1: Sliced & Grill	ed Tri Tip Beef		Qty@	9 \$ 47.00 e	each = \$	
	Entrée 2: Grilled Chi	cken		Qty@	\$ 47.00 e	each = \$	
	Entrée 3: Hanalei Ba	ked Salmon		Qty@	② \$ 47.00 €	each = \$	
Tours, A minimum of 35 pa	ssengers per motor c	oach is requi	red for tour to	operate.			
Tour #1 –Wednesday, Sept. Note: Lunch included	2 DLA Memorial Ser		AR Museum N SCHOOL)	Qty@	\$69.00	each = \$	
Tour #2- Thursday, Sept 3.	USS MIDWAY – Bay	Harbor Cruise	w/Box Lunch	Qty@	9 \$69.00	each = \$	

Make your check or money order payable to Destroyer Leader Association. Payment in full required with registration. (Continued on next page; and <u>your Signature on Page 2 is required for Registration to be accepted.</u>)

TOTAL AMOUNT ENCLOSED = \$

2015 REUNION PRE-REGISTRATION FORM (Continued)

those fees as sho before the event Registration info	pate in as many or as few activities as you nown on the reverse. We must commit – we ts; we are then obligated to pay for the numerical matter than the properties of the event. A room rate when making your hotel re	ith hard numbers – to the h umber we provided. To kno ill out and mail the Regis	otel catering and tour operators long ow that number, we must have your tration Form Right Away
any special nee Reservations De Leader Associa	eds (handicapped room, walk-in shower epartment at (619)297-1101, or (888) 233- ation or DLA room rate of \$105.00.	r, refrigerator for medicine -9527, Toll Free and ask fo	es, etc.) Call the Crowne Plaza or reservations. Ask for Destroyer
and depart on S because they tric Full Service Hote	room reservation, and my Confirmation I September, 2015. Registration gger a considerable train of events for the let (large meeting rooms, bar service, caterie not staying at the Crowne Plaza Hotel,	Fees for walk-ins at the Reunion Committee, so reg ing department, etc.).	e reunion are \$30.00 per person, ister early. The Reunion is held at a
I am staying at _	nion, I can be reached at (phone number) _		
	Owner? (Circle one) Yes / No. rchase a City Tag for a previous year, while	e at the Reunion. (List city /	year / quantity below.)
S.	Do you or your guest have any disabilit (Specify)	ty or dietary needs that requ	uire special attention?
reservation. If y does NOT have	handicap room or other special arrang you need to park an RV at the hotel, make a shuttle to/from the airport. Use CA \$12.00 RATE P/P.	e those arrangements whe	n you make your reservation. Hotel
Will you voluntee	er to help at the Reunion? Please call Mik o	e BUGARA, (401) 635-886	0; Email:mjbugara@hotmail.com
Watch-stande i Do you consent t	to publishing your name, address and photo publishing your name and email address	ne number to DLA member	
consumption o	I hotel public spaces are designated of privately owned alcoholic beverage ac., its Officers and Directors, and the any incident involving the use of any al	<u>es in its public spaces</u> . Reunion Planner do not	Further: The Destroyer Leader
Registration c	confirmation will only be sent to thos My Email address is:	se providing a self-add	ressed stamp envelope or an E-
Attached is my	My Email address is:	Dated	in the Amount of \$
Your Signature	re:D	ate:	
ALL R	REGISTRATION FORMS N	IUST BE RECEI	VED BY JULY 8th.

Must be signed to be accepted.

DEADLINE FOR REFUNDS IS JULY 8th, 2015.

Mail this Form with FULL payment to: **Destroyer Leader Association, Inc.** % Mike BUGARA, Reunion Planner 36 Wild Cherry Drive. Little Compton, Rl. 02837-1743