

DESTROYER LEADER ASSOCIATION, INC. 20th ANNUAL REUNION
 September 11 – September, 18 - 2016 – Kissimmee FL.
2016 REUNION REGISTRATION FORM

(This registration form must be “RECEIVED” by the DLA Planner by **JULY 20th, 2016.)**

(After JULY 20th, you must register in Kissimmee FL, at the registration table at additional cost)

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

Name _____ Hull Number _____ Rate _____ Div _____ Aboard From/To _____

Street Address _____ City _____ State _____ Zip Code _____

Phone _____ Email _____

Emergency Contact Name _____ (Phone) (_____) _____

Name of Guest(s) Attending _____

Is this your **First Time** attending a DL Reunion? (Circle One) ... Yes / No

Registration Fee = \$25.00 per person (Shipmate plus each guest)..... Qty ___ @ **\$25.00** each = \$ _____

Name Tag, I (we) need **New** Permanent plastic Name Tag(s)..... Qty ___ @ **\$12.00** each = \$ _____
 (Circle one) **Magnetic (or) Clutch attachment**

Names wanted on badges (please print) _____

T shirt size, Men's _____ Woman's _____

Hotel User Fee Assessment (\$30.00) (*Only if you are **not** staying at the **PARK INN HOTEL***) \$ _____

Board of Directors Meeting, 3:00 PM Tuesday, Sept 13 **Do you plan to attend?** (Circle one) Yes / No

Welcome Reception, 6:00 PM Tuesday, September 13 (You must request number attending.) Qty _____

Buffet Dinner /Show Thursday 7 PM Includes dinner / show /Bus transportation \$ **43.00** each Qty _____ \$ _____

Banquet Plated Dinner, Friday, September 16, 2016 (Please indicate quantity of each meal desired)

Entrée 1: Beef tip w/ Burgundy sauce..... Qty ___ @ **\$47.00** each = \$ _____

Entrée 2: Southern Fried Chicken..... Qty ___ @ **\$47.00** each = \$ _____

Entrée 3 Baked Salmon w Lemon Caper sauce Qty ___ @ **\$47.00** each = \$ _____

Tours. A minimum of 35 passengers per motor coach is required for tour to operate.

Tour #1 –Wednesday Sept 14 Kennedy Space Center Lunch w/ Astronaut Qty ___ @ **\$104.00** each = \$ _____

Note: Lunch included

Tour #2- Thursday, Sept 15, Wild Florida w/Lunch- Military Museum & Chocolate Kingdom Tour

& Bus transportation Qty ___ @ **\$104.00** each = \$ _____

TOTAL AMOUNT ENCLOSED = \$ _____

Make your check or money order payable to Destroyer Leader Association. Payment in full required with registration.

(Continued on next page; and **your Signature on Page 2 is required for Registration to be accepted.**)

2016 REUNION PRE-REGISTRATION FORM (Continued)

You may participate in as many or as few activities as you wish. Pick out those functions you wish to attend and add in those fees as shown on the reverse. We must commit – with hard numbers – to the hotel catering and tour operators long before the events; we are then obligated to pay for the number we provided. To know that number, we must have your Registration information well in advance of the event. **Fill out and mail the Registration Form Right Away**

Ask for the DLA room rate when making your hotel reservation & get a confirmation number. Inform the hotel of any special needs (handicapped room, walk-in shower, refrigerator for medicines, etc.) Call the **PARK INN** Reservations Department at **(800) 670-7275, Toll Free** and ask for reservations. **Ask for Destroyer Leader Association or DLA room rate of \$ 89.00. Good 5 days +/- reunion dates & Includes 2 Hot Breakfast coupons/ day .**

I have made my room reservation, and my **Confirmation No.** is # _____. I will arrive on Sept. _____ and depart on Sept. _____, 2016. **Registration Fees for walk-ins at the reunion are \$30.00 per person**, because they trigger a considerable train of events for the Reunion Committee, so register early. The Reunion is held at a Full Service Hotel (large meeting rooms, bar service, catering department, etc.).

*****If you are not staying at the PARK INN Hotel, include your Hotel User / Assessment Fee of \$30.00*****

I am staying at _____

During the Reunion, I can be reached at (phone number) _____

Are you a Plank Owner? (Circle one) Yes / No.

I will need to purchase a City Tag for a previous year, while at the Reunion. (List city / year / quantity below.)



Do you or your guest have any disability or dietary needs that require special attention?
(Specify)

If you need a handicap room or other special arrangements at the hotel, you must inform the person taking your reservation. If you need to park an RV at the hotel, make those arrangements when you make your reservation. **Hotel does NOT have a shuttle to/from the airport. Use MEARS.com or Super shuttle.com (407-4235566 – 407-5130226)**

Will you volunteer to help at the Reunion? Please call **Mike BUGARA, (401) 635-8860; Email:mjbugara@hotmail.com** to discuss how you can help.

Watch-standers are requested for two-hour shifts for the Welcome Desk and Hospitality Room.

Do you consent to publishing your name, address and phone number to DLA members? (Circle one) Yes No

Do you consent to publishing your name and email address to DLA members? (Circle one) Yes No

Disclaimer: All hotel public spaces are designated non-smoking. Liquor liability laws also prohibit the consumption of privately owned alcoholic beverages in its public spaces. Further: The Destroyer Leader Association, Inc., its Officers and Directors, and the Reunion Planner do not accept responsibility or liability whatsoever for any incident involving the use of any alcoholic beverage.

Registration confirmation will only be sent to those providing a self-addressed stamp envelope or an E-mail address. My Email address is: _____

Attached is my check or money order (Number) _____ Dated _____ in the Amount of \$ _____.

Your Signature: _____ **Date:** _____

ALL REGISTRATION FORMS MUST BE RECEIVED BY JULY 20th.

Must be signed to be accepted.

DEADLINE FOR REFUNDS IS JULY 20th, 2016.

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