DESTROYER LEADER ASSOCIATION, INC. 22th ANNUAL REUNION

October 28 – November 4 – 2018, Virginia Beach, VA.

2018 REUNION REGISTRATION FORM

(This registration form must be "RECEIVED" by the DLA Planner by August 20th, 2018.)

(***After AUG. 20th*, you must register in Virginia Beach,VA., 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

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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) _____ _____

Hotel User Fee Assessment ($30.00) (***Only*** *if you are* ***not*** *staying at the* ***Holiday Inn Hotel*** $_____

***Board of Directors Meeting*, 3:00 PM Tuesday:** OCT 30 **Do you plan to attend?** (Circle one) **Yes / No**

Welcome Reception, 6:00 PM Tuesday : October 30 (You must request number attending) **Qty:**_____

Dinner Cruise **WEDNESDAY 6 PM :** Evening Dinner Cruise $ **90.00** each **Qty:**____ **$**_____

Banquet Plated Dinner, Friday, November 2 , 2018 **(Please indicate quantity of each meal desired)**

Entrée 1: ***London Broil /Wine reduction Sauce*** …..… **Qty**___ @ $**40.00** each = **$**_____

Entrée 2: ***Chicken Franchase/ Lemon Butter*** **Qty**___ @ $**40.00** each = **$**_____

Entrée 3 ***Pan Seared Salmon*** */Honey citrus Glaze* **Qty**___ @ $**40.00** each = **$**_____

Tours, A minimum of 40 passengers per motor coach is required for tour to operate.

Tour #1 –Wednesday OCT 31, Norfolk Naval Base & Military Air Museum **Qty**___ @ $**70.00** each = **$**_____
Lunch Included@ Officer club

Tour #2- Thursday, NOV 1 Memorial Service, Nauticus center/City tour **Qty**___ @ **$80.00** each = **$**_____
Lunch Included @ Waterside

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.**)

2018 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 **Holiday Inn** Hotel at **757- 499- 44 00** . **Ask for Destroyer Leader Association or DLA room rate** of $ **109.00.** **Good 3 days + /- reunion dates.**
I have made my room reservation, and my **Confirmation No.** is #_____. I will arrive on **OCT.** _____ and depart on **NOV** . _____, 2018. **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, Restaurant, bar service, catering department, etc.)

If you are not staying at the Holiday Inn, 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.
If you need to purchase a City Tag for a previous year, see Ships Store, while at the Reunion.

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* have a Free shuttle to / from the airport.**

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

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 AUG 20th.

Must be signed to be accepted.

DEADLINE FOR REFUNDS IS AUGUST 20th, 2018.

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