83rd INFANTRY DIVISION ASSOCIATION - 72st REUNION Activity Registration Form - August 1-5, 2018, Boston, Massachusetts

Below are all registration, activity 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 83RD INFANTRY DIV. ASSN in the form of a check or money order (no credit cards or phone reservations accepted). All registration forms and payments must be received by mail on or before June 29, 2018 after which reservations will depend on availability. Hotel rooms will be in demand – ask for \$139 discount rate! Verve Crowne Plaza, 1360 Worcester Street, Natick, MA 01760, Toll-free 1-800-265-0339 (group preference # 99801505 and group code IDA) or reserve online using our website link at www.83rdassociation.com. Free hotel parking!

We suggest you copy this form before mailing to: PO BOX 406, Alton Bay, NH 03810-0406

Registration Package			
	\$100.00 per person	#	\$
	\$95.00 per person (early	•	-
	membership discount)		
	\$80.00, per child (2-12)	#	\$
	No Fee, WW 2 Veteran	#	\$
Please select your entrée for Saturday Banquet:	Pan-seared Filet of Beef	#	—
, and the second	Statler chicken	#	
Please specify special needs:	Vegetarian/Gluten Free	#	
	Child's Meal (ages 2-12)	#	
Please note each visitor to the Museum is required to sian a waiver of liability form. This may	\$20.00 per person (12 yrs and older); WW2 vets		
Musuem also requires an official photo ID for those 18 or older (e.g. driver's license or passport)	free	#	\$
	\$27.50 adult	<u> </u>	ے ا
	\$19.00 (children 3-12)	#	\$
	\$40.00 per person	#	\$
	\$75.00 per person	,,	
	\$50.00 WW 2 vets	#	\$
FRIDAY: Option 1: Visit to Boston: USS Constitution plus USS			
Constitution museum or USS Cassin Young; guided Boston trolley			
tour; 90-minute Boston Harbor cruise with box lunch (includes round			
trip bus transportation) Please note the USS Constitution also requires an official photo ID for those 18 or older	\$85.00 per person	#	\$
Option 2: USS Constitution, Museum or Cassin Young, trolley tour and	ÇOSIOO PEI PEISOII		H *
	\$60.00 per person	#	\$
The state of the s	TOTAL		\$
PLEASE PRINT	TOTAL		
Veteran's name (if descendant)Phone #Email	eran) (Descendant	_	
AddressS	State Zip		
Spouse Name (for tag) Guest Names (for tags)		_	
Accessibility: Are you confined to a wheelchair? Do you use a walker/wheelchair to	o assist w/mobility?	_	
Mo will have a limited number of traval whoolehairs available. I would like to be seen to be seen	of a travel wheelchair		
We will have a limited number of travel wheelchairs available. I would like to request the use of			
Emergency Contact	ncy Phone #	_	
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CK# _____ Amt ____ Date ____ 1 ____ 2 ____ Tag _____ Beef _____ Chicken ____ Spl Menu ____ Wed___ Thurs. ____ Fri. ____