## 2026 REUNION REGISTRATION FORM

Please complete this form and return it as soon as possible. **The deadline for reunion registration is September 18, 2026**.

Name of Alumni and guest (if app):_____/_____

Cell Phone: _____ Other Phone: _____Email: _____

Address:_____

**PLEASE PRINT ALL INFORMATION CLEARLY!!!!!**

Will you be staying at the Ferry Wharf Embassy Suites.
Yes_____ No_____

| | | | | |
|---|---|---|---|---|
| Registration Fees: | Couple | $650.00 | | $_____ |
| | Single | $400.00 | | $_____ |
| | Additional Hat(s) | $20.00ea X (Golf:___/Camo:___) | | $_____ |
| | | | Sub Total: | $_____ |
| | If paying by Credit Card, please add 3.7% Fee (Sub Total x .037) | | Fee: | $_____ |
| | | | TOTAL: | $_____ |

Credit Card payments (including Visa, MC, AmExp, Discover) please provide the following:

Card#_____ Name on Card_____Exp. Date_____

3 digit CVV# on back of Card_____; Billing Zip Code_____; Signature_____

(**NOTE**: If paying by AmExp, the CVV# is on the front of the card and is 4 digits).

IF PAYING BY CREDIT CARD AND PREFER TO EMAIL THIS FORM INSTEAD OF MAILING IT, YOU MAY SEND IT TO: keduhughes@gmail.com

If paying by check, please make payable to **The Citadel Class of 1986** and mail it and the form to:

Class of 1986 Reunion

c/o Keith Hughes

177 Winchester Drive, Roebuck SC 29376

If you have any questions, please call me at 864-978-8099.