



## USS MONTICELLO REUNION GROUP

Robert T. Behm  
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**For Office Use Only**

Dinner Ticket Number/s:

NO. OF GUESTS:

### **2025 REUNION ATTENDANCE CONFIRMATION FORM**

October 17, 18, 19, and 20, 2025

PLEASE FILL OUT THIS FORM AND MAIL TO THE ABOVE ADDRESS. PLEASE INCLUDE A CHECK OR MONEY ORDER IN THE APPROPRIATE AMOUNT FOR YOU AND YOUR GUEST (S) MADE PAYABLE TO THE USS MONTICELLO REUNION GROUP.

\*\*\*\*\*PLEASE NOTE: There is a \$175.00 per person, non-refundable, one fee only system in place for this reunion. This fee covers all USS Monticello provided events and the evening "Banquet and Dance."

**You must separately make your own hotel reservations with Thousand Hills Resort Hotel by calling: (877) 815-0990 Option 4 for "groups" using the following information with your registration:**

**USS Monticello Reunion Group**

Visit our website at [www.ussmonticello.com](http://www.ussmonticello.com) for reunion updates and information.

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MI)

ADDRESS: \_\_\_\_\_  
(STREET, P.O. BOX) (CITY AND STATE) (ZIP)

TELEPHONE: \_\_\_\_\_  
(HOME) (WORK) (CELL)

EMAIL: \_\_\_\_\_ AND/OR \_\_\_\_\_

I served on board the **USS MONTICELLO LSD-35** from \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

My highest rank/rate held on board was \_\_\_\_\_ in the \_\_\_\_\_ Department /

OR, on the Staff of \_\_\_\_\_

My position was: ☐ Plank Owner ☐ USMC

☐ Decommissioning Crew ☐ Attached Personnel

☐ CREW MEMBER ☐ HONORARY MEMBER ☐ FAMILY MEMBER

MAIL TO:

Robert Behm, 313 Cliff Dweller Drive, Gravois Mills, MO (573-207-4670)

Make Checks Payable to: **USS MONTICELLO REUNION GROUP**

Please call us or email us with any questions.

[bnm\\_77@comcast.net](mailto:bnm_77@comcast.net), [beamer@ussmonticello.com](mailto:beamer@ussmonticello.com)

**Please register early to allow the Hosts to complete arrangements for the reunion:**  
Forms and deposits must be received and confirmed by **September 17th, 2025**.  
**After the September 17, 2025 there will be an additional \$50 late fee.**

**PLEASE LIST YOUR GUEST(S) BELOW**

Name Tag #1: \_\_\_\_\_

Name tag #2: \_\_\_\_\_

Name tag #3: \_\_\_\_\_

Name tag #4 \_\_\_\_\_

Dietary/Handicap Restrictions: \_\_\_\_\_

| Date     | Event   | Cost per Person     | Number Attending                                   | Total Due |
|----------|---|---------------------|--|-----------|
| 10/17-22 | Hospitality Room  | Included            |  | \$ 0      |
| 10/23    | Banquet, Dinner, Shows, Raffles and Dancing               | \$175               |  | \$        |
|          | Member Dues<br>(if not already paid)<br>(Spouse Exempt)   | \$10/r<br>\$30/Life |  | \$        |
|          | <b>Late Registration Fee<br/>After Sept 17th deadline</b> | <b>\$50</b>         |  | <b>\$</b> |
|          | Administration Fee  | Included            |  | \$ 0      |
|          |   |                     | <b>Grand Total</b><br>This form is for Reunion `25 | <b>\$</b> |

**For Office Use Only:**

Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Total Guests: \_\_\_\_\_

For Reunion Updates, please go to [http://www.ussmonticello.com/reunion\\_update.htm](http://www.ussmonticello.com/reunion_update.htm)