



# 65th Infantry Division Association

## 67th Annual Reunion



### Camp Shelby, MS • November 10 – 15, 2021

## EVENT REGISTRATION FORM

Please indicate your choice of events on the back side of this form, total and send this form along with check or money order made payable to:

**65TH INFANTRY DIVISION ASSOCIATION** c/o Sibyl Ream • 638 Elmhurst Drive • Washington, PA 15301 or submit electronically to: [ssream@comcast.net](mailto:ssream@comcast.net).

ATTENDEE'S NAME #1		FIRST REUNION	
<input type="checkbox"/> 65TH VETERAN	<input type="checkbox"/> LEGACY	<input type="checkbox"/> GUEST	<input type="checkbox"/> CAREGIVER
NAME OF YOUR 65TH DIVISION VETERAN (If you are not the veteran)		RELATIONSHIP TO VET	VETERAN'S UNIT
ATTENDEE'S NAME #2		FIRST REUNION	
<input type="checkbox"/> 65TH VETERAN	<input type="checkbox"/> LEGACY	<input type="checkbox"/> GUEST	<input type="checkbox"/> CAREGIVER
NAME OF YOUR 65TH DIVISION VETERAN (If you are not the veteran)		RELATIONSHIP TO VET	VETERAN'S UNIT
ADDRESS OR CHANGED ADDRESS		CITY / STATE / ZIP	
71ST? <input type="checkbox"/> YES	PHONE NUMBER	EMAIL ADDRESS	

Detailed information about each day is in the reunion write up and highlighted in the event form instructions. All prices include tax and tip.

Attendee #1	Total from back side of this form.	
Attendee #2	Total from back side of this form.	
WILL YOU REQUIRE A WHEELCHAIR FOR THE REUNION? How many? _____ x \$40 EACH		
HALBERT DONATION & MEMBERSHIP DUES — Fill out page 26 and include with registration. Total from page 26.		
EXPECTED ARRIVAL DATE AND TIME:	TOTAL ENCLOSED	\$
INDICATE YOUR LODGING ARRANGEMENTS: <input type="checkbox"/> HOTEL <input type="checkbox"/> CABIN <input type="checkbox"/> VIP HOUSING		
Please indicate any ADA special needs:		
Please indicate any medical allergies or related information:		
Emergency contact NAME:	Relationship:	
Emergency contact home phone:	Emergency contact cell phone:	

We realize this reunion is different than our other reunions because most activities and meals are being held at Camp Shelby. If you have any questions, please contact Sibyl at 412-217-0728 or [ssream@comcast.net](mailto:ssream@comcast.net).

All reservations must be received by October 1, 2021. There is a \$20.00 cancellation fee for reservations cancelled more than 30 days before event. Cancellations within 30 days of event are non-refundable.

Early event registration is essential!

**REGISTRATION DEADLINE IS FRIDAY, OCTOBER 1, 2021!**

<b>Please review the meals on the next page. All meals are being served at Camp Shelby.</b>						
		Attendee #1		Attendee #2		
Child is 10 years or under. Child prices are in (parens).		Child		Child		
<b>Wednesday, November 10</b>						
Registration	(\$5)	\$10.00		\$10.00		
Camp Shelby Base Tour	(\$15)	\$30.00		\$30.00		
Guided Armed Forces Museum Tour	(\$0)	\$0.00		\$0.00		
<b>Thursday, November 11</b>						
Hattiesburg Veterans Day Events	(\$0)	\$0.00		\$0.00		
Breakfast: Basic Breakfast	(\$6)	\$11.75		\$11.75		
Lunch for Veterans and Caregiver		\$0.00		\$0.00		
Meet and Greet: Pizza Party	(\$5)	\$10.00		\$10.00		
<b>Friday, November 12</b>						
Grand Gallery Events	(\$0)	\$0.00		\$0.00		
Breakfast: Southern Style Buffet	(\$6)	\$15.25		\$15.25		
Lunch: Cafeteria Style – Base Dining Facility	(\$8.50)	\$8.50		\$8.50		
Mixer: Southern Barbeque and Fixins	(\$8)	\$16.00		\$16.00		
<b>Saturday, November 13</b>						
65 <sup>th</sup> Division Ceremonies and Memorial Service	(\$0)	\$0.00		\$0.00		
Breakfast: French Toast Buffet	(\$6)	\$15.25		\$15.25		
Lunch: Craving Italian Buffet	(\$7)	\$17.75		\$17.75		
Banquet: Please choose your entrée	Salmon	\$38.00		\$38.00		
Child: Chicken Tenders	(\$10)	Prime Rib	\$38.00		\$38.00	
<b>Sunday, November 14</b>						
Camp Shelby Demonstrations	(\$0)	\$0.00		\$0.00		
Breakfast: Basic Breakfast	(\$6)	\$11.75		\$11.75		
Lunch: Cajun Style Buffet	(\$7)	\$19.00		\$19.00		
Dinner: cost not included	(\$0)	\$0.00		\$0.00		
<b>Monday, November 15</b>						
Breakfast: Continental Breakfast	(\$6)	\$10.50		\$10.50		
<b>65<sup>th</sup> Veteran and/or Caregiver:</b> Total is \$0.00	<b>TOTAL:</b>	\$		\$		
<b>Please total and note the total on the front side of this registration form.</b>						
<b>Attendee #1 has special dietary needs:</b>						
<b>Attendee #2 has special dietary needs:</b>						
YES <input type="checkbox"/>	<b>Special request for all 65<sup>th</sup> and 71<sup>st</sup> Veterans and family members:</b> <b>Have you or a family member received the French Legion of Honor medal?</b> <b>If so, please contact Bill Phillips. We want to recognize all recipients at the ceremony on Saturday whether they are present or not, even if deceased.</b> <b>Contact Bill at 850-496-7364 or billnkathymefl@embarqmail.com</b>					