



# 65th Infantry Division Association

## 68th Annual Reunion

Colorado Springs, Colorado • Sept. 28 – Oct. 2, 2022



### EVENT REGISTRATION FORM

Please indicate your choice of events on this form, total and send this form along with check or money order made payable to:  
**65TH INFANTRY DIVISION ASSOCIATION** c/o Sibyl Ream • PO Box 6950 • Dillon, CO 80435 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"/> YES <input type="checkbox"/> NO |
| 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"/> YES <input type="checkbox"/> NO |
| 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  | WEDS 9-28                                | THURS 9-29                    | FRIDAY 9-30                   |                               | SATURDAY 10-1                 |  | TOTALS |
|---|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|--|--------|
|   | Registration                             | Thurs Tour                    | Friday Tour                   | Mixer                         | Sat Tour                      | Saturday Banquet   |        |
| #1  | <input checked="" type="checkbox"/> \$15 | <input type="checkbox"/> \$25 | <input type="checkbox"/> \$75 | <input type="checkbox"/> \$32 | <input type="checkbox"/> \$15 | <input type="checkbox"/> \$60 <input type="checkbox"/> Chicken<br><input type="checkbox"/> Pork <input type="checkbox"/> Vegan |        |
| #2  | <input checked="" type="checkbox"/> \$15 | <input type="checkbox"/> \$25 | <input type="checkbox"/> \$75 | <input type="checkbox"/> \$32 | <input type="checkbox"/> \$15 | <input type="checkbox"/> \$60 <input type="checkbox"/> Chicken<br><input type="checkbox"/> Pork <input type="checkbox"/> Vegan |        |
| WILL YOU REQUIRE A WHEELCHAIR FOR THE REUNION?  |  |                               |                               |                               | How many? _____ x \$0 EACH    |  |        |
| HALBERT DONATION & MEMBERSHIP DUES — Fill out page and include with registration. Total from form.              |  |                               |                               |                               |                               |  |        |
| TOTAL ENCLOSED  |  |                               |                               |                               |                               |  |        |
| WILL YOU NEED TRANSPORTATION ON THURSDAY AND SATURDAY? <input type="checkbox"/> YES <input type="checkbox"/> NO |  |                               |                               |                               |                               |  |        |
| Please indicate any ADA special needs including lift for bus:   |  |                               |                               |                               |                               |  |        |
| Please indicate any special dietary needs:  |  |                               |                               |                               |                               |  |        |
| Please indicate any medical allergies or related information:   |  |                               |                               |                               |                               |  |        |
| Emergency contact NAME:   |  |                               |                               | Relationship:                 |                               |  |        |
| Emergency contact home phone:   |  |                               |                               | Emergency contact cell phone: |                               |  |        |

All reservations must be received by August 15, 2022. 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 MONDAY, AUGUST 15, 2022!