



65th Infantry Division Association

70th Annual Reunion



Hudson Valley, NY • Sept. 25 – 29, 2024

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 Jackie Hanson • 15 S Boyd Street • Aberdeen, SD 57401 or Submit electronically to: ssream@comcast.net

| | | | | |
|-----------------------------------------------------------------|-----------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------|
| LEGAL FIRST NAME _____ | | LEGAL LAST NAME _____ | | MIDDLE INITIAL _____ |
| <input type="checkbox"/> 65TH VETERAN | | <input type="checkbox"/> LEGACY | | <input type="checkbox"/> GUEST |
| DOB M/D/Y | SEX MALE <input type="checkbox"/> | FEMALE <input type="checkbox"/> | Type of IDs that can be used: Drivers License, Passport, Non Drivers License, or Military ID. | |
| ID USED? | STATE ISSUED? | | IDENTIFICATION NUMBER? | |
| 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 | Total from back side of this form—page 92. | | |
| WILL YOU REQUIRE A WHEELCHAIR FOR THE REUNION? | How many? | \$50 EACH | |
| HALBERT DONATION & MEMBERSHIP DUES — <i>Fill out page 93 and include with registration.</i> | | | |
| TOTAL ENCLOSED | | | \$ |
| EXPECTED ARRIVAL DATE AND TIME: | | | |
| 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: | |

All reservations must be received by August 22, 2024. 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, AUGUST 22, 2024!

| | | Attendee | |
|----------------------------------------------------------------------------------------------|--|-----------------|-----------|
| Wednesday—September 25 | | | |
| Registration | | \$25.00 | x |
| Thursday—September 26 | | | |
| West Point Tour, Lunch and Camp Shanks Tour | | \$85.00 | |
| Friday—September 27 | | | |
| USS Slater Tour | | \$65.00 | |
| Mexican Buffet Mixer | | \$20.00 | |
| Saturday—September 28 | | | |
| Hudson River Cruise | | \$55.00 | |
| Banquet | | \$65.00 | |
| 65th Veteran — cost is waived. Total is \$0.00 | | TOTAL: | \$ |
| Please total and note the total on the front side of this registration form (page 91) | | | |
| Note any dietary needs below: | | | |