

4/9 INFANTRY MANCHU ASSOCIATION ACTIVITY REGISTRATION FORM – 9/17-09/21 2024

Listed below are all registration, and meal costs for the reunion. Please enter how many people will be participating in each event and total the amount. Send that amount payable to **4/9 Infantry Regiment Manchus**. in the form of check or money order.

Your cancelled check will serve as your confirmation. All registration forms and payments must be received by mail on or before August 1, 2024. After that date, reservations will be accepted on a space available basis. We suggest you make a copy of this form before mailing. Please do not staple or tape your payment to this form.

4/9 Infantry Regiment Manchus
3868 West Co. Rd. 350 N
Danville, IN 46122

OFFICE USE ONLY
Check # _____ Date Received _____
Inputted _____

CUT-OFF DATE IS 08/1/24	Price Per	# of People	Total
Golf – Blue Ash Golf Course - Thursday	\$65		\$
Rental Clubs Please indicated if you need to rent clubs: Indicate right or left-handed clubs.	\$30		\$
All tours and points of interest are noted in brochure included.			
<u>MANDATORY PER PERSON REGISTRATION FEE</u> Includes Saturday Buffet Dinner and various reunion expenses.			
MANCHU MEMBERS:	\$65		\$
SPOUSES AND/OR GUESTS:	\$50		\$
WIDOWS	\$25		\$
AIRFORCE MUSEUM TRANSPORTATION - Friday	\$25		\$
Buffet Dinner – Saturday Evening			
Sliced Roast Beef with Bordelaise			
Chicken Pesto			
Seared Salmon with Lemon Butter			
Tossed Salad with Dressing			
Fresh Fruit			
Chef's Fresh Vegetables and Roasted Yukon			
Selections include Coffee and Iced Tea and Chefs Assorted Desserts			
CHILDREN UNDER AGE 12 (please indicate # attending). Banquet (kid's meal) and registration is complimentary.	FREE		
Total Amount Payable to 4/9 Infantry Regiment Manchus			\$

FIRST _____ LAST _____

MONTH/YEARS SERVED (EX: NOV68-DEC69) _____ COMPANY _____ PLATOON _____

SPOUSE NAME(IF ATTENDING) _____ EMAIL _____

GUEST NAMES _____

STREET ADDRESS _____

CITY, ST, ZIP _____ PH. NUMBER (_____) _____

DISABILITY/DIETARY RESTRICTIONS _____

(Sleeping room requirements must be conveyed by attendee directly with hotel)

EMERGENCY CONTACT _____ PH.NUMBER _____) _____