

Registration Form C-7A Caribou Association

MAKE YOUR RESERVATIONS

Prior to
October 6, 2003

**14th REUNION
Charleston, South Carolina**

November 5 - 8, 2003

Radisson Hotel Charleston Airport
5991 Rivers Avenue
North Charleston, SC 29406
Central Reservations: 1-800-333-3333
**Make reservation under
C-7A Caribou Association**
Hotel registration desk: 1-843-744-2501

Mail to: Christine Phillips
P.O. Box 143
Folcroft, PA 19032
(610) 522-5981
Christielee52@yahoo.com



Please return this registration form with your check payable to Caribou Association to: Christine Phillips, at the above address. If you have questions please call or email Christine for assistance. **Note:** Members are responsible for making their own reservation at the Radisson Hotel. You can also register online using the following web address: <http://www.radisson.com/reservation/resInfo.do?hotelCode=SCCHARNO>, and then type in C7A for the promotional code.

Please make a copy of this form for you records

Name of Member:		Name of Spouse or Guest:	
Mailing Address:		First Reunion	Yes <input type="checkbox"/> No <input type="checkbox"/>
City:	State:	ZIP:	
Phone: ()		E-mail Address:	
Squadron/Unit:	Vietnam Year:	Stationed At:	
Guest Name:		Address:	
Guest Name:		Address:	
Arrival Date:		Departure Date:	

Registration Fees:

Calculate your total Registration Fee below

C-7A Member Registration Fee			\$15.00 =	.
Spouse/Guest Registration Fee	#	x	\$15.00 =	.
Thursday Bus and Luncheon to CAFB	#	x	\$23.00 =	.
Flight Line Number Attending	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			
Thursday Night Reception Number Attending	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			
Friday Bus Tour	#	x	\$11.00 =	.
Fort Sumter Tour	#	x	\$11.00 =	.
Saturday Bus to Downtown (option 1)	#	x	\$10.00 =	.
Saturday Bus to Middleton Place Garden (option 2)	#	x	\$10.00 =	.
Saturday Night Banquet November 8th, 2003				
Prime Rib	#	x	\$25.00 =	.
Chicken	#	x	\$18.00 =	.
Vegetarian	#	x	\$15.00 =	.
Total Remittance (Make check payable to: C-7A Caribou Association)				.

I would like to volunteer to help with registration, etc. _____ day _____ day

**If your Caribou dues are not paid thru 2003, as indicated by T03 or greater on your mailing label, send your dues of \$10 for the year to Jim Collier, 5607 Jolly Ct., Fair Oaks, CA 95628-2707, phone 916-966-4044 or email Jim at jascoll@pacbell.net.
Jim Collier, 537th 67, C-7A Caribou Association Secretary.**

MEDICAL FORM

Charleston South, Carolina

NAME:	SPOUSE/GUEST NAME
ADDRESS:	GUEST ADDRESS:
CITY STATE & ZIP:	GUEST CITY STATE & ZIP
EMERGENCY CONTACT:	GUEST EMERGENCY CONTACT:
EMERGENCY CONTACT PHONE #:	GUEST EMERGENCY CONTACT PHONE #:
MEDICAL DOCTOR:	GUEST MEDICAL DOCTOR:
MEDICAL DOCTOR PHONE #	GUEST MEDICAL DOCTOR PHONE #
MEDICAL DISABILITIES OR CONDITIONS	GUEST MEDICAL DISABILITIES OR CONDITIONS:
MEDICINES YOU ARE TAKING NOW:	SPOUSE/GUEST MEDICINES:

Notes:

The above information will enable us to quickly assist you in the event you have an emergency during the reunion, particularly if you are unaccompanied.

This form will be destroyed immediately after the reunion. Our legal counsel has advised “the Association” it is exercising good judgment to do this at reunions and we agree that it is the responsible thing to do.