

Registration Form
C-7A Caribou Association
15th ANNUAL REUNION
Odessa, Texas

September 30 - October 2nd, 2004

Complete and mail this form with your registration payment by July 31st for the reduced rate.

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:	
Banquet entree choice and number each:		Chicken Marseille <input type="checkbox"/>	Prime Rib <input type="checkbox"/>

Please make a copy of this form for you records

REGISTRATION FEES:

Calculate your total Registration Fees Below

C-7A Member Registration Fee _____ x \$85.00, after July 31st _____ x \$100.00	\$
Spouse/Guest registration Fee _____ x \$85.00, after July 31st _____ x \$100.00	\$
Total payable to Caribou Association:	\$

- I would like to volunteer to help with registration
 I would like to volunteer to help with merchandise sales

Mail this completed page and your check to Jim Collier, 5607 Jolly Ct., Fair Oaks, CA 95628, phone 916-966-4044 or email Jim at jascoll@pacbell.net

To assure that you get a newsletter in June that will give more details about this year's reunion make sure your annual dues are up to date before May 31st. Send your dues of \$10 for the year to Earl Reynolds, C-7A Caribou Association, 11813 Market Place Avenue, Baton Rouge, LA 70816

Your medical information below will allow us to assist you in the event you have a problem during the reunion. This form will be destroyed immediately after the reunion.

Name:	Spouse/Guest:
Address:	City, State, ZIP:
Emergency Contact:	Emergency Contact Phone #:
Medical Doctor:	Medical doctor Phone #:
Medical Disabilities or Conditions:	Medical Disabilities or Conditions:
Medicines You Are Taking Now:	Known Allergies: