

**REGISTRATION INFORMATION FORM**

This form must be returned to the TCS Office -PO BOX 100, SOMERSET, MA 02726  
(please print)

Name: \_\_\_\_\_ TCS Membership # \_\_\_\_\_ 1st TCS Reunion? \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_ Cell: (    ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Spouse/Guest(s) attending:

Name: \_\_\_\_\_ Cell: (    ) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Cell: (    ) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Cell: (    ) \_\_\_\_\_ - \_\_\_\_\_

Destroyers you served aboard (limit 3)

Ship Name, Hull Number, Years Aboard (i.e. 1952-56)

USS \_\_\_\_\_

USS \_\_\_\_\_

USS \_\_\_\_\_

Are you part of a Reunion Group? If so, please provide the Group name: \_\_\_\_\_

Please list any physical limitations or issues we should be aware of (You and Your Guests):

\_\_\_\_\_  
\_\_\_\_\_

Person to notify in case of emergency. Please List someone not attending the reunion for each attendee.

Emergency Contact: Name: \_\_\_\_\_ Cell: (    ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Cell: (    ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Cell: (    ) \_\_\_\_\_ - \_\_\_\_\_

Food Allergies/ Any other allergies?

\_\_\_\_\_  
\_\_\_\_\_

**MEAL SELECTIONS**

Include how many of each choice if you have a guest.

**Monday Evening Dinner Buffet:**

- Smoked Roasted Boneless Turkey w/ Creole Marmalade
- Tuscan Chicken w/ Artichoke Hearts & Mushroom Ragout
- Vegetarian Option
- Gluten Free Option

**Wednesday Evening Dinner:**

- Lemon Pepper Glaze Chicken Breast w/ Dill Cream
- Blackened Fish w/ Lemon, Garlic, Dijon Mustard Sauce
- Vegetarian Option
- Gluten Free Option

**Seating Preference:** Everyone will be assigned a table at the dinners. If you have seating preferences, please list them below. Otherwise, we will try to seat you with any attendees who served on your ship.

\_\_\_\_\_

\_\_\_\_\_

**REGISTRATION PAYMENT**

(please print)

Registration Fee (per person) **\$249**

Total Registration Fee \$ \_\_\_\_\_

**OPTIONAL TOURS**

		Price Per Person	Total # of People	Total
Monday 9/9	Swamp Tour	\$50.00		
Tuesday 9/10	World War II Museum Day Trip	\$135.00		
Wednesday 9/11	Taste of New Orleans City Tour	\$120.00		

NEW membership, \$30 special Reunion rate \$ \_\_\_\_\_

I would like to make an additional donation of \$ \_\_\_\_\_

**TOTAL REGISTRATION FEES, TOURS, MEMBERSHIP & DONATION : \$ \_\_\_\_\_**  
(Tours, Membership & Donation optional)

**PAYMENT INFORMATION**

\_\_\_\_\_ Enclosed is my check (Make Payable to Tin Can Sailors) in the amount of \$ \_\_\_\_\_

\_\_\_\_\_ Charge my credit card in the amount of \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_ Sec. Code: \_\_\_\_\_

Billing address: (if different from mailing address)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

For more information go to [samuelbroberts.org](http://samuelbroberts.org) or [destroyers.org](http://destroyers.org)