

**HMM-265 VETERANS ASSOCIATION
REUNION 2017
REGISTRATION FORM**

WHERE: Marines' Memorial Club & Hotel
609 Sutter Street
San Francisco, CA 94102
Tel: (415) 673-6672 Fax: (415) 441-0229 www.marineclub.com

WHEN: May 22-26, 2017

Note: Hotel reservations must be made directly with Marines' Memorial Club & Hotel.

NAME: _____

Name/Nickname (as you wish it to appear on name tag): _____

ADDRESS: _____

TELE: _____

E-MAIL: _____

GUEST NAMES & NICKNAMES (for name tags):

**HMM-265 VETERANS ASSOCIATION
REUNION 2017**

Banquet Entrée Choice:

American Kobe Flat Iron Steak..... How Many? _____

Potato Crusted Sea Bass How Many? _____

Reunion Registration Fee:

(Includes Banquet, Gratuities, Hospitality Room & Refreshments, and Misc.)

Number Attending _____ X \$170.00 Each = \$ _____

Napa Valley Wine Tasting Tour:

Number Attending _____ X \$120.00 Each = \$ _____

REUNION TOTAL = \$ _____

(Make Checks Payable To: HMM-265 Veterans Association, Inc.)

**REMIT PAYMENT TO: Mr. Gary Kerr
Treasurer
HMM-265 Veterans Association, Inc.
12097 S.E. 175 Loop
Summerfield, FL 34491**