

**USS TICONDEROGA VETERANS' ASSOCIATION
 ORLANDO, FLORIDA, 52nd REUNION
 MAY 15-18, 2025
 ACTIVITY REGISTRATION FORM
 MEMBERSHIP REQUIRED**

Listed below are all registration, tour, and meal costs for the 52nd reunion. Please enter how many people will be participating in each event and total the amount. Once submitted, your canceled check will serve as your confirmation. Returned checks will be charged a **\$20 fee**. All registration forms and **payments must be received by mail on or before April 24, 2025**. Questions? President@Ticovets.org

**PLEASE SEND THIS FORM AND THE TOTAL AMOUNT DUE TO:
 ROBERT SULLIVAN**

P.O. BOX 3637, ST AUGUSTINE, FL 32085

Make Check OR Zelle payment to: USS TICONDEROGA VETERANS' ASSOCIATION

<u>DATE</u>	<u>TOUR</u>	<u>Price Per</u>	<u># of People</u>	<u>Total</u>
FRIDAY, MAY 16:	Tour – Kennedy Space Center [Transportation & Admission fee only]	\$99	_____	\$_____
SATURDAY, MAY 17:	BANQUET			
[Submit by March 15, 2025, to get an Early Bird discount of \$20 per person for your meal(s)!]				

Select your entree choice here:

- | | | | |
|---|------|-------|---------|
| 1. Grilled Sirloin Steak w/ mushrooms & onions, potatoes, asparagus | \$90 | _____ | \$_____ |
| 2. Pesto marinated Grilled Chicken breast w/ orzo, gorgonzola | \$90 | _____ | \$_____ |
| 3. Roasted Salmon w/ lemon cream, herbed couscous, broccolini | \$90 | _____ | \$_____ |

MANDATORY REGISTRATION FEE PER PERSON \$75 _____ \$_____

Total amount payable to USS TICONDEROGA VETERANS' ASSOCIATION: \$_____

FIRST NAME: _____ LAST NAME: _____

CV/CVA/CVS CG- _____ DIVISION: _____ YEARS ONBOARD: _____ to _____ RANK: _____

SPOUSE/GUEST NAME [if attending]: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

EMAIL: _____ PHONE #: _____

DISABILITY and/or DIETARY RESTRICTIONS: _____