

REUNION REGISTRATION – October 15-17, 2024

***MUST BE **RECEIVED** NO LATER THAN MONDAY, SEPTEMBER 16, 2024 (FOR ROOM AVAILABILITY) ***

(Please print clearly and sign on the bottom of the form)

Name: _____ Phone # _____ Mobile # _____

Address: _____ City: _____ State: _____ Zip: _____

Guest Name: _____ Additional Guest(s): _____ (Continue of back if necessary)

What years aboard: _____ Rating/Rank: _____

Are you staying at Astor Crowne? Yes No Have you made reservations Yes No
 Room reservations must be made directly on hotel link. Call hotel if there are special requirements. (See brochure)

We plan to arrive on: _____

		Cost (<i>per person</i>)	# of people		Total
Banquet	Buffet	\$50	X	_____	= _____
Tour		TBD			

If you have special dietary requirements, please contact George Overman

			# of people		
Registration Fee (under 18 free)	\$20	X	_____	=	_____
Photo Book	\$23/ea. includes postage				_____
Grand Total					_____

Check Number: _____

Make check payable to:

USS COGSWELL DD-651 ASSOCIATION

Mail to:

USS COGSWELL DD-651 ASSOCIATION

3784 MISSION AVE

STE 148 #1016

OCEANSIDE, CA 92058

The Cogswell Association will provide beer & wine to guests over the age of 21. There will be no charge for this beer or wine. The Cogswell Association will be providing snacks in the hospitality room. No food or snacks of any kind may be brought into the room by other individuals. In addition, the USS Cogswell DD-651 Association executive committee does not accept responsibility or liability whatsoever for any incident involving the consumption of any food items or alcoholic beverages. I have read and agree to the above restrictions on alcoholic beverages and food items at the reunion.

Signature: _____ Date: _____

(Must be signed in order to participate in reunion activities)