## First Special Service Force Association 74th Reunion Registration Form $August\ 17^{th}-20th,\ 2022$ The Westin Calgary, Calgary, AB

Last Name			Co-Reg		F:	SSF Ve			
Address									
City	State/ Province_			Postal Code/Zip					
	Phon								
Related to FSSF	Veteran, FSSF Vet	eran's Nam	e						
First Name	Last Name	FSSF Vet/ Wife/Widow	Full Registration	Banquet Only	Kid (12 & Under)	Banquet Meal Chicken	Banquet Meal Beef	Sat. Lunch (Not included)	Membership Renewal
		\$90 USD	\$195 USD	\$90 USD	\$90 USD	Che	ck one	\$20 USD	\$30 USD 2022/2023
	TOTAL:								
	(If there are more g	uests, please	attach on	a separa	ate piece	of pape	er)	Gran	d Total:
Email (optional) <sub>-</sub> Dietary Needs									
Emergency Contac	et Name								
Phone Number		_Email							
Handicap Needs									

Please Note: Full Registration includes ticket to the banquet. Saturday Lunch is not included in the Full Registration and will require an additional \$20 ticket.

Individual Banquet Tickets are available for those not registering for the reunion.

Register for the reunion or order banquet tickets only no later than 7/31/22 to guarantee a seat at the banquet.

Reunion registrations cancelled after 7/31/22 may not be eligible for a refund.

 ${\bf Membership\ /\ Renewal} \\ {\bf (Membership\ Cards\ will\ be\ located\ with\ your\ Reunion\ name\ badge\ at\ registration.)}$ Dues are from July 1, 2022 to June 30, 2023

<u>Name</u>		Add	ress	City	State/Province				
Postal Code/Zip Country		Ema	<u>iil</u>	'	If related to FSSF Veteran Enter Name/Co-				
				Reg:					
				Your relationship to the	vet:				
Military (active or	r prior) Un	<u>it</u>	Other Affiliation		May we Email the Spearhead to you?				
				Yes N	0				
				T au					
<u>Name</u>		Address		City	State/Province				
Postal Code/Zin	Country	Ema	.;i	If related to FSSE Veters	an Enter Name/Co-				
Postal Code/Zip Country		Lilla	<u>un</u>	Reg:	If related to FSSF Veteran Enter Name/Co- Reg:				
				Your relationship to the	vet:				
Military (active or prior) Unit			Other Affiliation		May we Email the Spearhead to you?				
				Yes N	Yes No				
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Name		Add	<u>lress</u>	City	State/Province				
Postal Code/Zip Country		Email		If related to FSSF Vetera	 an Enter Name/Co-				
			_	Reg:					
				Your relationship to the	vet:				
Military (active or	r prior) Un	<u>it</u>	Other Affiliation		May we Email the Spearhead to you?				
				Yes N					
			Mail Registration Form	· ·					
			First Special Service F P.O. Box 16						
			Sacramento, CA						
			,,						
			se make checks or mon	2 0					
	-	Гhe F	<u> irst Special Service Forc</u>	e Association or FSSFA					
Credit Card Pavmo	ent Informa	ation:	If you are paying by credi	t card, please provide the informa	ation listed below.				
				liately following the completion					
transaction.		_							
Card Holder Name (									
				City:					
State/Province:			Country:	Zip/Postal Code:					
Expiration Date:									