

REGISTRATION FORM
CHIVO Reunion – October 20 - 23, 2024

Last Name: _____ First: _____

Spouse / Significant Other / Guest: _____

Mailing Address: _____

Phone: _____ E-mail: _____

If you become ill, or if there is an emergency, we need an:

Emergency Contact Name: _____

Emergency Contact Number: _____

Please, list any disability or dietary needs that require special attention: _____

Reunion Attendance Fee (\$20 per person or \$30 per couple) = _____

Attending Ladies Luncheon YES _____ NO _____

Attending Base Tour Number _____

Please, indicate your choice of banquet entrée:

Prime rib beef w/au jus Number _____

Chicken Cutlet Franchise Number _____

Grilled Salmon w/Dill sauce Number _____

Entrees served with garlic mashed potatoes, fresh vegetable medley and seasoned green beans.

Fresh dinner rolls with butter.

Sweet tea, lemonade and bottled water.

Dessert – assorted cheesecake.

Mail this registration form, your check for attendance fee made payable to the Chivo Reunion Group, and any required SECNAV forms 5512 to:

Peter McVicker

Phone # 646-315-1310

261 Cadman Avenue

West Babylon, N.Y. 11704

Email pmcvicker206@gmail.com

**This registration form, your 5512 forms and your payment must be received
no later than September 1, 2024.**