

USMC COMBAT HELICOPTER & TILTROTOR ASSOCIATION ACTIVITY REGISTRATION FORM

Listed below are all registration, tour, and meal costs for the reunion. Please enter a quantity for each event you and your guests wish to participate in. Then total your costs and send that amount payable to ARMED FORCES REUNIONS, INC. in the form of a check or money order. You may also register online and pay by credit card at <https://www.events.afr-reg.com/e/Popasmoke26> (online registrations have a convenience fee of 4%). Registration forms and payment must be received on or before **August 24, 2026**. After that date, reservations will be accepted on a space available basis. We suggest you make a copy of your complete form before mailing. Please do not staple or tape your payment with this form. (Returned checks will incur a \$20 fee)

Armed Forces Reunions, Inc.
322 Madison Mews
Norfolk, VA 23510
ATTN: POPASMOKE

OFFICE USE ONLY

Check # _____ Date Received _____
 Entered _____

CUT-OFF DATE IS 08/24/26

	Price Per	# of People	Total
REGISTRATION PACKAGE - MANDATORY FOR EVERY PERSON ATTENDING THE REUNION Includes souvenirs, T-shirts and reunion expenses.			
Member Registration Package	\$50	#	\$
Spouse/Guest Registration Package	\$50	#	\$
Children (under 18 years)	\$30	#	\$
Reunion T-Shirt Included PER REGISTRATION – Please indicate style/size Unisex: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <input type="checkbox"/> 4XL Ladies: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <input type="checkbox"/> 4XL Youth: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		#	
Additional T-shirts – Indicate Style, Size and Quantity for each shirt: Style/Size _____	\$25	#	\$
OPTIONAL TOURS			
THURSDAY 9/24: City Tour	\$60	#	\$
FRIDAY 9/25: Armed Forces Museum Tour	\$76	#	\$
SATURDAY 9/26: George Ranch Historical Park – Please choose your box lunch selection for <u>each person</u> attending by entering the quantity for each (includes sandwich, chips, cookie & water): ___Turkey ___Roast Beef ___Vegetarian	\$70	#	\$
MEALS			
THURSDAY, 9/24: Welcome Buffet Dinner	\$60	#	\$
Child Plate (10 and under – Chicken Fingers/fries)	\$25	#	\$
SATURDAY, 9/26: Closing Dinner (<i>choose entrée below for each attendee</i>)			
Beef	\$60	#	\$
Chicken	\$60	#	\$
Vegetarian	\$60	#	\$
Child’s Plate (10 and under – Chicken Fingers/Fries)	\$25	#	\$
If not paid yet, include your \$45 Annual Assoc. Dues or 2 year \$80		#	\$
Total Number of Guests Attending		#	-----
Total Amount Payable to Armed Forces Reunions, Inc.			\$

PLEASE PRINT YOUR NAME AND SPOUSE/GUEST NAMES AS YOU WISH THEM TO APPEAR ON THE NAMETAG:

FIRST NAME FOR BADGE _____ LAST NAME _____
(NICKNAME/CALL SIGN)

UNIT/SQUADRON: _____ YEARS IN COUNTRY/THEATER 20 _____ - 20 _____

EMAIL _____ SPOUSE/GUEST NAMES _____

STREET ADDRESS _____

CITY, ST, ZIP _____ PH. NUMBER (_____) _____ - _____

DISABILITY/DIETARY RESTRICTIONS _____
(Sleeping room requirements must be conveyed by attendee directly with hotel)

MUST YOU BE LIFTED HYDRAULICALLY ONTO THE BUS WHILE SEATED IN YOUR WHEELCHAIR IN ORDER TO PARTICIPATE IN BUS TRIPS? YES NO **(PLEASE NOTE THAT WE CANNOT GUARANTEE AVAILABILITY).**