



BroncoFest VIII Reunion Activity Registration Form

Listed below are all registration, tour, and meal costs for the reunion. Please enter how many people will be participating in each event and total the amount. Send that amount payable to OV-10 BRONCO ASSOCIATION, INC. or OBA in the form of check or money order. Your cancelled check will serve as your confirmation. Returned checks will be charged a \$20 fee. You may also register via email and pay by credit card by sending an email to OBAInfo@verizon.net. All registration forms and payments must be received by mail on or before April 1, 2011. After that date, reservations will be accepted on a space available basis. We suggest you make a copy of this form before mailing. Please do not staple or tape your payment to this form.

OV-10 Bronco Association, Inc.
 PO Box 161966
 Fort Worth, TX 76161

OFFICE USE ONLY

Check # _____ Date Received _____
 Inputted _____ Nametag Completed _____

<i>CUT-OFF DATE IS 04/1/2011</i>	Price Per	# of People	Total
EVENTS & MEALS *			
FRIDAY: Welcome Aboard Flight Suit Reception (heavy hors d'oeuvres no host bar)	\$22		\$
SATURDAY: Rahr Brewery Tour & Transportation	\$18		\$
SATURDAY: Picnic Lunch and Refreshments @ Museum	\$25		\$
SATURDAY: NAS JRB AIR SHOW SHUTTLE BUSES	\$8		\$
SATURDAY: YANKEE AIR PIRATE AWARDS DINNER (Beef & Chicken Combo)	\$36		\$
SUNDAY: Breakfast Buffet	\$9.70		\$
MANDATORY REGISTRATION FEE ** (Includes 2 nights admission to the Hootch, pin & coin) PRIMARY REGISTRANT	\$45	1	\$45
ADDITIONAL REGISTRANT(S) - per person	\$20		\$
I am already a life member <input type="checkbox"/> (\$20 Discount on 1st Registration)			
MEMBERSHIP DUES This will continue my membership through 2011. <input type="checkbox"/>	\$40	\$	\$
Total Amount Payable to OV-10 Bronco Association, Inc.			

* Walkups are welcome for a \$5.00 additional fee.

** Registration fee applies to multiple event registrations.

PLEASE PRINT NAME AS YOU WOULD LIKE IT TO APPEAR ON YOUR NAMETAG

FIRST NAME _____

LAST NAME _____

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I am the: •Veteran •Widow •Child •Grandchild •Other Name of your Veteran _____

CALL SIGN _____

YEAR(S) & Unit with the OV-10 _____

STREET ADDRESS _____

CITY _____

STATE _____ ZIP _____

PH. NUMBER (_____) _____ - _____

EMAIL ADDRESS _____

GUEST NAMES (If needed, please list additional guests on a separate sheet.)

1. _____

2. _____

•• Spouse • Widow ••Child ••Grandchild ••Other • Widow ••Child ••Grandchild ••Other

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).

EMERGENCY

CONTACT _____

PH. NUMBER (_____) _____ - _____

For refunds and cancellations please refer to our policies outlined at the bottom of the reunion program. CANCELLATIONS: Call (817) 488-8170 to cancel reunion activities and obtain a cancellation code. Refunds processed 4-6 weeks after reunion.

REGISTER by EMAIL and PAY by CREDIT CARD with PayPal! OBAInfo@verizon.net