

USS PROVIDENCE CLG-6 Reunion 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 **NO LATER THAN 8/24** at <https://www.events.afr-reg.com/e/Providence26> (online registrations have a convenience fee of 4%). **Mail-in registration** forms and payment must be received on or before **8/24/26**; however, after this 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)

MAKE CHECKS PAYABLE TO:

Armed Forces Reunions, Inc.
322 Madison Mews
Norfolk, VA 23510
ATTN: USS PROVIDENCE CLG-6

OFFICE USE ONLY Check # _____
Received _____ Inputted _____

Don't forget ONLINE CUT-OFF date is 8/24/26

	Price	# of Ppl	Total
MANDATORY PER PERSON REGISTRATION FEE – INCLUDES HOSPITALITY, SNACKS, ENTERTAINMENT, ADMIN AND OTHER REUNION EXPENSES			
Members, Spouses and Guests	\$85	#	\$
Total number in your party (including members, spouse, and guests)	-----	#	-----
Wednesday, 9/23: Welcome Reception in the Hospitality Suite	INCLUDED	-----	-----
Thursday, 9/24: Memorial Service, Nauticus, USS Wisconsin, Driving Tour/Doumar's	\$84	#	\$
Friday, 9/25: Spirit of Norfolk Lunch Cruise	\$84	#	\$
Saturday, 9/26: Banquet <i>(Please select your entrée)</i>			
Lemon Chicken	\$75	#	\$
Braised Short Rib with Rosemary Wine Demi-Glace	\$75	#	\$
Seared Salmon with Dill Cream Sauce	\$75	#	\$
Chef's Selection of Vegetarian	\$75	#	\$
SCHOLARSHIP DONATION (IF APPLICABLE)	\$	-----	\$
Total Amount Payable to Armed Forces Reunions, Inc.			\$

FIRST (for badge) _____ LAST _____

SPOUSE FIRST NAME _____ LAST _____

GUEST NAMES _____

YEARS ON BOARD 19__ TO 19__ DIVISION: _____ RANK: _____ 1ST TIMER YES NO

EMAIL _____ CELL # _____

DO YOU CONSENT TO RECEIVING EMAILS AND TEXT MESSAGES ABOUT THIS EVENT ONLY? YES NO

STREET ADDRESS _____

CITY, ST, ZIP _____

DISABILITY / DIETARY RESTRICTIONS _____

EMERGENCY CONTACT NAME _____ CELL # _____

DO YOU WISH TO DONATE A RAFFLE ITEM? YES NO IF YES, PLEASE PROVIDE:

RAFFLE ITEM(S) _____

DO YOU WISH TO DONATE TO SCHOLARSHIP FUND? YES NO **IF YES, ADD THIS AMOUNT TO THE BOX PROVIDED ABOVE)**

ARE YOU STAYING AT THE SHERATON NORFOLK WATERSIDE HOTEL? YES NO

ARE YOU ARRIVING BY YOUR OWN PERSONAL VEHICLE? YES NO **BY PLANE?** YES NO

DO YOU NEED TO BE HYDRAULICALLY LIFTED ONTO THE BUS IN ORDER TO PARTICIPATE IN TOURS? YES NO

(PLEASE NOTE THAT WE CANNOT GUARANTEE AVAILABILITY).

(Special hotel room requirements must be conveyed by attendee directly to the hotel staff upon reservation)

REGISTER ONLINE AT: <https://www.events.afr-reg.com/e/Providence26>