

TLC BROTHERHOOD

2008 REUNION RESERVATION FORM

Complete and mail this entire form with a check payable to:
Military Reunion Planners, P.O. Box 1588, Colleyville, TX 76034

REGISTRATION FEE -- Everyone Please Pay: _____ people at \$40 p.p. =
 {Fee is non-refundable}

EVENT A: Historic Philadelphia City Tour: _____ people at \$45 p.p. =
 Friday, August 8th (9:00am-4:00pm)

Banquet Dinner:
 Saturday, August 9th (7:00pm at the Hotel)

SELECT: Roasted Sirloin of Beef _____ people at \$36 p.p. =
OR: Grilled Chicken _____ people at \$36 p.p. =
Children's Dinner (12 years and under) _____ people at \$17 p.p. =

Tour Cancellation Insurance: (Protect your money) _____ people at \$6 p.p. =

Late Reservation Fee: (If received after July 11th) _____ people at \$10 p.p. =

TOTAL AMOUNT DUE \$

>>> PLEASE PROVIDE THE FOLLOWING:

Name (as it will appear on badge): _____
 Spouse/Guest: _____
 Address: _____ City _____ St _____ Zip _____
 Phone:(Home) _____ E-Mail Address: _____
 Emergency contact during the reunion: _____ Ph: _____
 Years Served 19 _____ to 19 _____

Reservations are due by July 11th, 2008. Late reservations accepted on a space available basis with a \$10 per person, late fee. You should make a copy of this form for your records. For information call weekdays: 817-251-3551 or Email: info@MilitaryReunionPlanners.com Requests for refunds must be made in writing and postmarked before due date above. No refunds will be made after this date, unless you have purchased *Tour Cancellation Insurance*. There is a \$5 per person refund processing fee. Your cancelled check is your receipt and proof of purchase. There is a \$25 return check fee for NSF. For a written confirmation, please enclose a self-addressed, stamped envelope. MRP will not be held liable for failure of vendors to provide contracted services, or any injuries/accidents that may occur during the reunion. Sorry, no refunds will be given starting 3 days before the reunion for any reason. Tours require a minimum of 30 people in order to operate.

Date Rec'd:	Check #	Amount\$	XCL #
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