



PT BOATS, INC.

WWII PT BOATS • BASES • TENDERS
PO Box 38070 • Germantown, TN 38183-0070

2010 REUNION

Warwick, Rhode Island

July 1 thru July 4, 2009

Name for Badge: _____

Name of Spouse or Guest for Badge: _____

PT Unit(s) or other Affiliation: _____

Your Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ Fax: _____

E-mail Address: _____

3 Night Package - Check in 7/2, checkout 7/5
1 person \$664 \$ _____
2 people \$872

4 Night Package - Check in 7/1, checkout 7/5
1 person \$832 \$ _____
2 people \$1,081

Registration Only - extra people, no room,
no meals \$35 each - supply names/addr. \$ _____

Banquet Only - no room, includes registration
\$85. \$ _____

Extra Adult in Room -
\$5 each adult X each night - supply names/addr \$ _____

Extra Nights - in Addition
to Your Package - \$127 each night, Indicate dates: \$ _____
Jun 28 Jun 29 Jun 30
July 5 July 6 July 7

Deposit: \$100 Holds Room - until March 15.
Does not hold meal seat \$ _____

TOURS:

Early Bird - July 1 USS Nautilus/Mystic Seaport \$65 ea \$ _____

Friday Tour July 2 Tentatively Melville/Newport MA \$59 ea \$ _____

Sunday July 4 Memorial Service Battleship Cove \$41 ea \$ _____

SUBTOTAL \$ _____

LESS sleeping room deposit already paid \$ - _____

Membership Contribution \$ + _____

Reunion Expenses Contribution \$ + _____

GRAND TOTAL \$ _____

Check, payable to: **PT Boats, Inc.** Check # _____
(Only checks for US Dollars drawn on banks located in the USA)

Credit Card: Visa Mastercard & Discover **ONLY**

Account No.: _____

LAST 3 digits on back of credit card (**V Code**): _____

Expiration Date: _____

Signature: _____

VERY IMPORTANT!

Attach separate paper. You must PRINT for each nametag:
Name / Relationship to you / City and State

Please answer all of the following questions:

1. Is this your First Reunion: YES NO

2. Names of first time attendees: _____

3. If you're single do you want to share a room: YES NO

4. Are you driving: YES NO

5. Are you flying: YES NO

6. Are you driving an RV: YES NO

7. Handicapped room request (Limited Availability): YES NO

8. KING Bed: YES NO **OR** Two Double Beds: YES NO

9. SMOKING - Very limited number of rooms: YES NO

10. Number attending Catholic service: _____

11. Number attending Protestant service: _____

12. Do you use a wheelchair: YES NO

13. Do you use a walker: YES NO

14. Do you use a scooter: YES NO

15. Do you use a cane: YES NO

16. Do you use Oxygen: YES NO

17. Briefly describe any medical limitations: _____

18. Most medically required diets are possible if listed now. Please give
person's name and diet requested and name: _____

19. Emergency Contact Person: _____

Work Phone: _____ Home Phone: _____

E-mail: _____

Relationship: _____

*Please attach any guests names, addresses and relationship to you so that we
may prepare badges and count everyone correctly. Thanks!*

**Credit card billing address MUST match the address at top of this form.
If not, complete billing address must be supplied and written on back of
this form.**

CANCELLATION FEE: a \$35per person fee will be deducted from any refunds due you **AFTER** the reunion. Refunds **CANNOT** be made during the reunion. Tours are not refundable. **"No Shows"** will be charged \$127 or one night's room charge plus registration fees. **You must inform PT Boats, Inc. -- Not the hotel, if you cancel.** If you cancel Meals are **ONLY** refundable if you cancel before June 1, 2010. **The hotel charges early checkout fee of approximately \$121 except for emergencies.** A small percentage has been added to room and meal prices to help offset the reunion costs. Please initial that you have read and understand these terms.

My Initials: _____

MAIL OR FAX THIS COMPLETED FORM TO: PT Boats, Inc., P.O. BOX 38070, Germantown, TN 38183-0070 • FAX: 901-751-0522