



**THE
DISTINGUISHED
FLYING CROSS
SOCIETY**

**2019
DISTINGUISHED
FLYING CROSS SOCIETY
NATIONAL REUNION
DAYTON, OHIO
SEPTEMBER 15-19, 2019**

NAME _____ PREFERRED NAME ON BADGE _____

DFC RECIPIENT; YES _____

WWII VETERAN : YES _____ KOREAN WAR VETERAN; YES _____ FEMALE DFC RECIPIENT: YES _____

ADDRESS _____

PHONE _____ EMAIL _____

NAME(S) OF YOUR GUEST(S): _____ PREFERRED NAME ON BADGE _____

NAME(S) OF YOUR GUEST(S): _____ PREFERRED NAME ON BADGE _____

ADDITIONAL GUEST CAN BE LISTED ON THE BACK OF THE FORM

PLEASE LIST ANY SPECIAL NEEDS: _____

NUMBER OF PERSONS ATTENDING REUNION _____ X \$229 = _____

★ MEAL SELECTIONS

WELCOME DINNER; PRIME RIB _____ SALMON _____ VEGETARIAN _____

BANQUET MEAL SELECTION: BEEF FILET _____ CHICKEN ROULADE _____ VEGETARIAN _____

OPTIONAL TOURS

DAYTON AVIATION HERITAGE NATIONAL HISTORICAL PARK _____ X \$23 = _____

NATIONAL MUSEUM OF THE UNITED STATES AIR FORCE _____ X \$15 = _____

HUFFMAN PRAIRIE FLYING FIELD ~ CARILLON PARK & LUNCH _____ X \$59 = _____

★ IF PAYING BY CREDIT CARD ADD 4% TO TOTAL REGISTRATION FEE = _____

TOTAL FOR THE 2019 REUNION = _____

PAYMENT IS DUE NO LATER THAN AUGUST 15, 2019

PLEASE SEND REGISTRATIONS AND PAYMENTS TO THE FOLLOWING ADDRESS

**THE REUNION BRAT
16817 MOUNTAINSIDE DRIVE EAST
GREENWATER, WA 98022**

★ PAYMENT

MAKE CHECKS PAYABLE TO THE REUNION BRAT OR FILL OUT BELOW FOR CREDIT CARD PAYMENT.

CREDITCARD # _____ EXP. DATE _____ SECURITY CODE 3 DIGIT NUMBER) _____

NAME AS IT APPEARS ON CARD _____

BILLING ADDRESS _____

SIGNATURE _____

BY SENDING IN THIS FORM YOU ARE AGREEING TO THE CANCELLATION POLICY WHICH CAN BE FOUND ON THE REUNION FLYER.