

## AC-119 Gunship Association Reunion Registration Form

Listed below are all the 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 at <https://www.events.afr-reg.com/e/2025AC119> (online registrations have a convenience fee of 4%). Registration form and payment must be received on or before 10/13/25. After that date, reservations will be accepted on a space available basis. We suggest you make a copy of your completed form before mailing. Please do not staple or tape your payment to this form. (Returned checks will incur a \$20 fee)

**MAKE CHECKS PAYABLE TO:**

Armed Forces Reunions, Inc.  
322 Madison Mews  
Norfolk, VA 23510  
ATTN: AC-119 Gunship Association

**OFFICE USE ONLY** Check # \_\_\_\_\_

Received \_\_\_\_\_ Inputted \_\_\_\_\_

**Don't forget CUT-OFF date is 10/13/25**

	Price	# of Ppl	Total
<b>MANDATORY REGISTRATION FEE</b>			
Registration Fee – Member, Spouse and Guests (required for each)	\$35		\$
Total number in your party (including members, spouse, and guests)	-----		-----
<b>TOUR (Optional)</b>			
Thursday, 11/13: National Naval Aviation Museum	\$72		\$
<b>MEALS (Optional)</b>			
Saturday, 11/15: Banquet <i>(Please select your entrée)</i>			
Roasted Pork Tenderloin	\$74		\$
Grilled Mahi Mahi with Citrus Beurre Blanc	\$74		\$
Grilled Seasonal Vegetables (Vegetarian)	\$69		\$
Sunday, 11/16: Farewell Dinner Buffet – Low Country Boil	\$74		\$
Total Amount Payable to <b>Armed Forces Reunions, Inc.</b>	-----		\$

**You only need to fill out ONE Form as Spouses/Guests are included on this Form.****AC-119 Air or Ground Crew:**

First \_\_\_\_\_ Last \_\_\_\_\_ Nickname \_\_\_\_\_

Print Name as you want it to appear on Name Tag \_\_\_\_\_

Crew Position: \_\_\_\_\_ Dates Served (e.g. 11/67-11/68) \_\_\_\_\_ Squadron: \_\_\_\_\_

First Reunion? YES ☐ NO ☐ Will you do a Video or Bio? YES? ☐ NO ☐ If YES, we will contact you

Email \_\_\_\_\_ Phone # \_\_\_\_\_

Street Address \_\_\_\_\_

City, ST, ZIP \_\_\_\_\_

**Family Member or Guest if attending – Fill out all information if different from primary attendee:**

First \_\_\_\_\_ Last \_\_\_\_\_ Nickname \_\_\_\_\_

Relationship to Primary Attendee (e.g. Spouse, Son, Friend, etc): \_\_\_\_\_

Military YES ☐ NO ☐ First Reunion? YES ☐ NO ☐

Print Name as you want it to appear on Name Tag \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

Street Address \_\_\_\_\_

City, ST, ZIP \_\_\_\_\_

**SEE PAGE 2**

**Additional Family Member or Guest if attending** – Fill out all information if different from primary attendee:

First \_\_\_\_\_ Last \_\_\_\_\_ Nickname \_\_\_\_\_

Relationship to Primary Attendee (e.g. Spouse, Son, Friend, etc): \_\_\_\_\_

Military YES ☐ NO ☐ First Reunion? YES ☐ NO ☐

Print Name as you want it to appear on Name Tag \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

Street Address \_\_\_\_\_

City, ST, ZIP \_\_\_\_\_

**Additional Family Member or Guest if attending** – Fill out all information if different from primary attendee:

First \_\_\_\_\_ Last \_\_\_\_\_ Nickname \_\_\_\_\_

Relationship to Primary Attendee (e.g. Spouse, Son, Friend, etc): \_\_\_\_\_

Military YES ☐ NO ☐ First Reunion? YES ☐ NO ☐

Print Name as you want it to appear on Name Tag \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

Street Address \_\_\_\_\_

City, ST, ZIP \_\_\_\_\_

**If you have additional Family and/or Guests**, please list including First and Last name, Relationship, Name as you want it to appear on Name Tag, City and State. Please use a semicolon (;) to separate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Disability / Dietary Restrictions?** YES ☐ NO ☐ **Please Note to whom they apply:** \_\_\_\_\_

\_\_\_\_\_

Does anyone need to be hydraulically lifted onto the Bus in order to participate in Tour? YES ☐ NO ☐

**Please Note to whom this applies:** \_\_\_\_\_

**NOTE:** *Special hotel room requirements must be conveyed by attendee directly to the hotel staff upon reservation.*

**EMERGENCY CONTACT:**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

EMAIL \_\_\_\_\_ PH. # \_\_\_\_\_

**REGISTER ONLINE AT:** <https://www.events.afr-reg.com/e/2025AC119>