

2024 REUNION REGISTRATION, HOTEL RESERVATION, AND PAYMENT FORM
Complete both pages, and submit intact. Submission deadline is May 31, 2024.

PLEASE PRINT CLEARLY AND USE BLACK INK WHEN COMPLETING FORM.

Receipt Sequence Number: _____

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THIS FORM WILL NOT BE PROCESSED UNTIL 2024 ANNUAL DUES ARE PAID, COMPLETE INFORMATION IS PROVIDED AND CORRECT FEES ARE SUBMITTED. NEW OR REINSTATED MEMBERS SHOULD REFER TO THE GENERAL COMMENTS IN THESE YELLOW PAGES AND ATTACH A MEMBERSHIP APPLICATION, WITH THE APPROPRIATE FEES, FOUND IN THE BACK OF THIS ISSUE.

SUBMIT A SEPARATE CHECK TO PAY YOUR MEMBERSHIP DUES.

NO REUNION RELATED REFUNDS AFTER JUNE 14, 2024

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MEMBER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____ PHONE# _____

Are you interested in volunteering? Y/N _____

ACTIVITY	QUANTITY	FEE	TOTAL COST
REUNION REGISTRATION FEE MEMBER (Non-Refundable)	X	\$15.00	\$
REUNION REGISTRATION FEE GUEST NON-MEMBER (Non-Refundable)	X	\$25.00	\$
AFTER HOURS DJ DANCE (Friday 11 pm- 2:00 am)	X	\$10.00	\$
ANNUAL BALL - (Saturday) (SEE PAGE K FOR DRESS CODE AND AGE)	X	\$20.00	\$
GOLF TOURNAMENT PLAYERS	X	\$80.00	\$
For Thursday & Friday Night Dances pay at the door.			N/A
	TOTAL FEES =		\$

REUNION REGISTRATION: List each name (including member's) AS YOU WANT IT PRINTED ON THE NAME BADGES and provide the age of each attendee. List the name of each family member or guest registered by the member and include \$15.00 member / \$25.00 non-member guest, for each person 18 years of age or older. Please make sure you list all registered names so they can receive their name badges. Please limit the first name to 10 letters and limit the last name to 20 letters.

NAME	AGE	NAME	AGE
1. _____	_____	2. _____	_____
3. _____	_____	4. _____	_____
5. _____	_____	6. _____	_____

New Members or Reinstatements MUST attach a completed membership application and payment by check or money order (separate from Reunion Payment) : Make payable to "Panama Canal Society, Inc." Checks must be drawn on U.S. Banks, and Money Orders must be payable at U.S. Institutions.

Payment by credit card (ONLY Visa or MasterCard):

Credit Card Number: _____ CVV# _____ Exp. Date _____

THE PANAMA CANAL SOCIETY'S CREDIT CARD PROCESSING CENTER IS NOW CHARGING A PROCESSING FEE TO ALL MEMBERS THAT MAKE PAYMENTS BY CREDIT CARD.

Member/Card Holder Signature: _____ Visa / MasterCard (Circle one)

MAIL FORM IN ITS ENTIRETY WITH PAYMENT TO PANAMA CANAL SOCIETY, INC., 15131 OGDEN LOOP, ODESSA, FL 33556

