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

PLEASE PRINT CLEARLY	AND USE BLACK INK WH	EN COMPLETING FORM.	Receipt Sequence Number:		e Number:
INFORMATION IS PR SHOULD REI A MEMBERSHIP AF SI	ILL NOT BE PROCESS OVIDED AND CORRE FER TO THE GENERAL PLICATION, WITH TH JBMIT A SEPARATE C NO REUNION RELA	ED UNTIL 2024 ANNU CT FEES ARE SUBMITT COMMENTS IN THESE E APPROPRIATE FEES, HECK TO PAY YOUR M TED REFUNDS AFTER	AL DUES ARE P FED. NEW OR F YELLOW PAGES FOUND IN THE EMBERSHIP DI JUNE 14, 2024	AID, CON REINSTAT AND AT BACK OF IES.	TED MEMBERS TACH THIS ISSUE.
MEMBER NAME					
ADDRESS					
CITY		STAT	TE	_ZIP	
E-MAIL	Are you in	PHONE#terested in volunteering?	Y/N		
	ACTIVITY		QUANTITY	FEE	TOTAL COST
REUNION REGISTRAT	TON FEE MEMBER (No	on-Refundable)		\$15.00	
	,	-MEMBER (Non-Refund		\$25.00	
AFTER HOURS DJ DA	NCE (Friday 11 pm- 2	:00 am)	Х	\$10.00	\$
ANNUAL BALL - (Saturday) (SEE PAGE K FOR DRESS CODE AND AGE)) X	\$20.00	\$
GOLF TOURNAMENT	PLAYERS		Х	\$80.00	\$
For Thursday & Friday	/ Night Dances pay at	the door.			N/A
			TOTAL F	EES =	\$
BADGES and provide th member and include \$ Please make sure you li	ne age of each attendee. 15.00 member / \$25.0 st all registered names he last name to 20 lette		amily member of or each person :	r guest re 18 years	egistered by the of age or older.
		2.			
		4			
5		6			
ety, Inc." Checks m	<u>rs or Reinstatements M</u> money order (separate	IUST attach a completed from Reunion Payment on the contract of the contract o) : Make payable	to "Pana	ma Canal Soci-
Credit Card Number			CVV#	Exn Date	.
THE PANAMA CANAL SOCI BERS THAT MAKE PAYME	ETY'S CREDIT CARD PRO	CESSING CENTER IS NOW C	HARGING A PROCI	ESSING FE	E TO ALL MEM-
		PANAMA CANAL SOCIETY, I			

Continue below for additional information required to complete Reunion Registration, to register for the Golf Tournament, and to secure your Hotel Reservations. Complete those parts pertaining to your request.

GOLF TOURNAMENT REGISTRATION: Deadline is May 31, 2024. (See Page C for instructions)

Name (Please Print)	Phone #	Email:	
Name (Please Print) Scramble Teams: Format - 2 Per	son Scramble **M	landatory**	**Mandatory**
If you are registering a team, plea	se complete all the information	n for each player. Please	confirm all players and in-
formation before submitting. Scra	amble Team Names below:	**Mandatory**	**Mandatory**
Team A		Age On 7/4/24 H	Idcp or Avg 18-hole score
1			
2			
Team B			
3			
4			
• • • • • •	• • • • • • • • • • • • • •	• • • • • • • • • • • •	• • •
HOTEL RESE	RVATION: CHECK-IN AT 3:0	00 P.M. CHECK-OUT AT	Г 11:00 А.М.
ADDIVAL DATE	DED A DELLO	E DATE	
ARRIVAL DATE: Estimated Time of Arrival:	DEPARTUR	E DATE:	
Estimated Time of Affival:	F.W. / A.W. (Circle one)	
CHECK THE TYPE OF GUEST	ROOM / SHITE REQUESTE	D PRICES SHOWN IN	CLUDE TAX (NOTE:
THERE IS NO SMOKING IN AN	_		•
anbk@aol.com or Cheryl Willia		· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •
tions or call the Society Office		- 111. 4 - 0 1.141.) With a	iny note: concerns or ques
tions of can the Society Office	during operation nours.		
LIST NAMES OF ROOM / SU	JITE OCCUPANTS IN THI	E SPACES PROVIDEI	D BELOW:
1	2		
3	4		
3	4		
*SPECIAL NEEDS REQUESTS: _			
HOTEL RESERVATION GUARA	ANTEE: One Night's Deposit ((Room/Suite Rate)	
No Preference Room	(\$156.38)	Executive Parlor	(\$281.25)
Standard King Room	(\$156.38)	2-Bay Hospitality	Suite (\$281.25)
Double Queen Room	(\$156.38)	Grand Parlor	(\$365.62)
Accessible King or Queen	Room (\$156.38)	3-Bay Hospitality	Suite (\$365.62)
Check enclosed \$ (I	Pavahle to: Rosen Shingle Cree	ak Resort)	
Check enclosed ϕ (1	ayanic to. Rosen Siningic Cite	on result,	
Credit Card Number:		CVV:	Exp. Date:
Member/Cardholder Signature:			