

2025 REUNION REGISTRATION, HOTEL RESERVATION, AND PAYMENT FORM
Complete both pages, and submit intact. Submission deadline is May 23, 2025.

PLEASE PRINT CLEARLY AND USE BLACK INK WHEN COMPLETING FORM.

Receipt Sequence Number: _____

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THIS FORM WILL NOT BE PROCESSED UNTIL 2025 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 12, 2025

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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	\$
GOLF TOURNAMENT PLAYERS	X	\$80.00	\$
AFTER HOURS DJ DANCE (Friday 11 pm- 2:00 am)	X	\$10.00	\$
ANNUAL LUNCHEON (Saturday 11:30 - 2:00 pm) Hot Plated Lunch	X	\$55.00	\$
ANNUAL LUNCHEON - (Saturday 11:30 - 2:00 pm) Cold Plated Lunch	X	\$45.00	\$
ANNUAL BALL - ❀ NO SHORTS, FLIP-FLOPS, TANK TOPS, RIPPED JEANS. NO CHILDREN UNDER 12. ❀	X	\$20.00	\$
Thursday and Friday Night Dances - Pay at the door.	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 :

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: _____

MAIL OR EMAIL FORM IN ITS ENTIRETY WITH PAYMENT TO PANAMA CANAL SOCIETY, INC., 15131 OGDEN LOOP, ODESSA, FL 33556, OR EMAIL TO OFFICE@PANCANALSOCIETY.ORG

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 23, 2025. (See Page C for instructions)

Name (Please Print) _____ Phone # _____ Email: _____

Scramble Teams: **Format - 2 Person Scramble** ****Mandatory**** ****Mandatory****

If you are registering a team, please complete all the information for each player. Please confirm all players and information before submitting. Scramble Team Names below: ****Mandatory**** ****Mandatory****

Team A _____ Age On 7/3/25 Hdcp or Avg 18-hole score _____

1. _____

2. _____

Team B

3. _____

4. _____



ANNUAL LUNCHEON REGISTRATION:

List names of attendees and circle choice of Bistec Picado (B), Chicken Ceasar (C) or Veggie Greek salads (V)

(1) _____ B or C or V (6) _____ B or C or V

(2) _____ B or C or V (7) _____ B or C or V

(3) _____ B or C or V (8) _____ B or C or V

(4) _____ B or C or V (9) _____ B or C or V

(5) _____ B or C or V (10) _____ B or C or V

Special seating and or dietary restriction requests: _____



HOTEL RESERVATION: CHECK-IN AT 3:00 P.M. CHECK-OUT AT 11:00 A.M.

ARRIVAL DATE: _____ DEPARTURE DATE: _____

Estimated Time of Arrival: _____ P.M. / A.M. (Circle one)

CHECK THE TYPE OF GUEST ROOM / SUITE REQUESTED PRICES SHOWN INCLUDE TAX. (NOTE: THERE IS NO SMOKING IN ANY HOTEL GUEST ROOMS OR SUITES.) Contact Betty LeDoux (24/7) at zoni-anbk@aol.com with any hotel concerns or questions or call the Society Office during operation hours.

LIST NAMES OF ROOM / SUITE OCCUPANTS IN THE SPACES PROVIDED BELOW:

1. _____ 2. _____

3. _____ 4. _____

*SPECIAL NEEDS REQUESTS: _____

_____ No Preference Room (\$157.50) _____ Executive Parlor (\$281.25)

_____ Standard King Room (\$157.50) _____ 2-Bay Hospitality Suite (\$281.25)

_____ Double Queen Room (\$157.50) _____ Grand Parlor (\$365.62)

_____ Accessible King or Queen Room (\$157.50) _____ 3-Bay Hospitality Suite (\$365.62)

Check here if you are not staying in the hotel. (hotel parking fees apply)

Check here if you are sharing a room with someone already registered, please share name/s on line below:

HOTEL RESERVATION GUARANTEE: One Night's Deposit (Room/Suite Rate includes 12.5 % tax)

Check enclosed \$ _____ (Payable to: Rosen Shingle Creek Resort)

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

Member/Cardholder Signature: _____

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