

2026 Reunion Registration, Hotel Reservation and Payment FORM

Complete both pages and submit intact to PCS office ONLY.

DEADLINE is May 29, 2026

SEQ #:

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This form cannot be processed until 2026 PCS membership dues are PAID.

Do NOT combine Membership, Reunion OR Hotel Registration CHECKS.

If a Refund is required, email or call the PCS Office before June 5, 2026 (Registration fees are non-refundable.)

MEMBER(s) NAME: _____

ADDRESS: _____

CITY: _____ STATE/COUNTRY: _____ ZIP: _____

EMAIL: _____ PHONE: (____) _____ - _____

*Are you interested in **Volunteering** at the Reunion: Y or N*

EVENT	QUANTITY	PRICE	TOTAL COST
REUNION REGISTRATION FEE per MEMBER/MBR's SPOUSE (non-refundable)	X	\$15.00	\$
REUNION REGISTRATION FEE per NON-MEMBER GUEST (non-refundable) (18 & over)	X	\$25.00	\$
CHAGRES GOLF TOURNAMENT (Thursday morning) Info needed on 2 nd pg.	X	\$80.00	\$
GRAND TIVOLI Soirée (Saturday from 6 pm – 1 am) (including BALL ticket) Select your Meal(s) on 2nd page. *See below dress code. *	X	\$90.00	\$
GRAND TIVOLI Soirée (Children 12 & under ONLY) (including BALL ticket) Children depart Dance by 10:30 pm. *See below dress code. *	X	\$45.00	\$
ANNUAL BALL TICKET only (Saturday from 9 pm – 1 am) <i>*See below dress code. */CHILDREN 12 & UNDER depart at 10:30 pm</i>	X	\$20.00	\$
MEET & GREET a Navy SEAL/Author (Friday at noon) Attending? YES or NO (Need a firm head count.)	FREE		
THURSDAY AND FRIDAY CLASS DANCES – pay cash at door	TOTAL FEES:		\$

BELOW, ADD YOUR NAME AS YOU WANT PRINTED ON YOUR NAME BADGE (No reprints):

Limit first name to 10 letters and last name to 20 letters. Add Maiden name if so desired. Attach additional names if needed.

Name for your PCS BADGE

AGE if under 17

1. _____

2. _____

3. _____

4. _____

Pay by check to Panama Canal Society (PCS) or Pay by Credit Card (cc fees will be applied). Do NOT include one night deposit for hotel. By adding your credit card, you approve the Registration Fees to be charged.

CC # _____ **Exp Date** ____/____/____ **CVV #** _____

**Theme is black & white semi-formal attire (optional).*

*No shorts, ripped or faded jean, t-shirts, flip flops or tank tops allowed. **

GOLF TOURNAMENT REGISTRATION: (Format is a 2-person SCRAMBLE – See Yellow Pages for more info.)

NAME: _____ Age on 7/9/26 _____ Hdcp or Avg 18-hole Score: _____

NAME: _____ Age on 7/9/26 _____ Hdcp or Avg 18-hole Score: _____

Other Team to be paired with: _____

SATURDAY DINNER followed by the ANNUAL BALL REGISTRATION:

List of attendees and CIRCLE ONE BELOW: (RV) ROPA VIEJA; (S) SOFRITO MARINATED SALMON; or (V) PLANT BASED ROPA VIEJA. All adult meals served with Salad, Coconut Rice, Black Beans, Empire coffee Tres Leches, Tea, Coffee or Decaf.
OR (C) CHILD’S MEAL (12 & under only): Chicken fingers, French fries, fruit cup & juice

NAME	Circle One	NAME	Circle One
1.	RV S V C	4.	RV S V C
2.	RV S V C	5.	RV S V C
3.	RV S V C	6.	RV S V C

Special Seating or Dietary Restriction requests: _____

HOTEL RESERVATIONS: Check-in at 3:00 pm & Check-out at 11:00 am

** Only PCS members can reserve 1 sleeping room plus if so, desire a Parlor/Suite for extra cost. **

ARRIVAL DATE: _____ DEPARTURE DATE: _____

Estimated time of arrival: _____ am/pm (circle one)

LIST OF NAMES/OCCUPANTS in your room/suite:

1. _____ 3. _____

2. _____ 4. _____

CHECK THE TYPE OF GUEST ROOM/SUITE REQUESTED. PRICES SHOWN INCLUDE TAX.

There will be 50% discount on self-parking. (NOTE: There is NO SMOKING policy in all Guest Rooms or Suites & Hotel.)

- _____ Standard King Room (\$178.88 per night)
- _____ Double Queen Room (\$178.88 per night)
- _____ Accessible King or Queen (\$178.88 per night)
- _____ No Preference Room (\$178.88 per night)
- _____ Executive Parlor (\$337.50 per night)
- _____ 2-Bay Hospitality Suite (\$337.50 per night)
- _____ Grand Parlor (\$421.88 per night)
- _____ 3-Bay Hospitality Suite (\$421.88 per night)

SPECIAL NEEDS REQUEST: _____

ACCESSIBLE ROOM REQUIREMENTS: _____

- Check here if you are NOT staying at the Hotel. (Full hotel parking fees apply.)
- Check here if you are sharing a room with someone who registered themselves. Name: _____

HOTEL RESERVATIONS GUARANTEED with one night’s deposit by credit card or check made out to Rosen Shingle Creek.
By adding your credit card, you approve the Hotel to charge your credit card for a one-night deposit.

CC # _____ Exp Date _____ / _____ CVV # _____

MAIL FORM IN ITS ENTIRETY WITH PAYMENT TO: PANAMA CANAL SOCIETY, 15131 OGDEN LOOP,
ODESSA, FL 33556 or EMAIL to: office@pancanalsociety.org