



**CLAMAGORE VETERANS  
ASSOCIATION 2019 REUNION REGISTRATION FORM**

**NAME:** \_\_\_\_\_

**LADY/GUEST:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY/ST:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_ (Please enter your phone number and e-mail so we can update our records)

**Number Attending Bar-B-Que Party (\$12.00 per person)** \_\_\_\_\_

**Number Attending Banquet (\$35.00 Per person)** \_\_\_\_\_

**Please remit payment for activities to:**

**Jim Griffin**

**3021 Stillwell Blvd**

**Crestview, FL 32539**

**Checks payable to Clamagore Veterans Association  
(CVA)**