



# 2017 USS MONTICELLO REUNION

Robert & Maria Behm  
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Valley Springs, CA. 95252  
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**For Office Use Only**

Dinner Ticket Number/s:

NO. OF GUESTS:

## 2017 REUNION ATTENDANCE CONFIRMATION FORM

September 6-10, 2017

PLEASE FILL OUT THIS FORM AND MAIL TO THE ABOVE ADDRESS. PLEASE INCLUDE A CHECK OR MONEY ORDER IN THE APPROPRIATE AMOUNT FOR YOU AND YOUR GUEST (S) MADE PAYABLE TO USS MONTICELLO REUNION GROUP.

\*\*\*\*\*PLEASE NOTE: The \$150 fee covers the USS Monticello Reunion provided events and the evening "Banquet and Formal Dance."

**You must separately make your own hotel reservations with the San Antonio, TX Holiday Inn Riverwalk by calling: 210-224-2500 using the following information with your registration:**

**USS Monticello Block.**

Visit our website at <http://www.ussmonticello.com> for reunion updates.

NAME: \_\_\_\_\_,  
(LAST) (FIRST) (MI)

ADDRESS: \_\_\_\_\_,  
(STREET, P.O. BOX) (CITY AND STATE) (ZIP)

TELEPHONE: \_\_\_\_\_,  
(HOME) (WORK) (CELL)

EMAIL: \_\_\_\_\_ AND/OR \_\_\_\_\_

I served on board the **USS MONTICELLO LSD-35** from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

My highest rank/rate held on board was \_\_\_\_\_ in the \_\_\_\_\_ Department /

OR, On the Staff of \_\_\_\_\_

My position was: CO \_\_\_\_\_ XO \_\_\_\_\_ Dept. Head \_\_\_\_\_ Plank Owner \_\_\_\_\_

Decommissioning Crew \_\_\_\_\_

CREW MEMBER \_\_\_\_\_ HONORARY MEMBER \_\_\_\_\_ FAMILY MEMBER \_\_\_\_\_

CLIP, PHOTO COPY OR PRINT BOTH FORMS AND MAIL TO:

Robert Behm,  
3011 Dunn Road,  
Valley Springs,  
CA 95252  
(209) 772-0543 - (209) 642-1623

Make Checks Payable to: **USS MONTICELLO REUNION GROUP**  
Questions for the hosts can be directed to the above address or phone number.

**Please register early to allow your hosts to complete arrangements for the reunion:**  
Forms and deposits must be received and confirmed by **August 6th, 2017.**  
**After that date there will an additional \$50 late registration fee.**

**Please list your Spouse/Guest(s) below:**

Name #1: \_\_\_\_\_

Name #2: \_\_\_\_\_

Name #3: \_\_\_\_\_

Name #4: \_\_\_\_\_

Dietary/Handicap Restrictions: \_\_\_\_\_

Date	Event	Cost per Person	Number Attending	Total Due
9/6-10	Hospitality Room	Included		\$ 0
9/7 9/9	Mixer, Banquet, Dinner Buffet, Auction and Dancing	\$150.00		\$
	Member Dues <i>(if not already paid)</i> (Spouse Included)	\$10/yr \$30/Life		\$
	<b>Late Fee</b> <b>(after Sept 1, 2015)</b>	<b>\$50.00</b>		\$
			<b>Grand Total for Reunion '17'</b>	\$

**For Office Use Only:**

Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Total Guests: \_\_\_\_\_