

USS ALLEN M. SUMNER- 29th Annual Reunion
REGISTRATION FORM

Jacksonville, FL 07-10 May, 2017 (Sunday-Wednesday)

*Print names as they are to appear on Nametags!

Name _____ Never had one? _____

Spouse or guest _____ Never had one? _____

Address _____

City _____

State _____ Zip _____ Phone (____) _____

E-mail _____

Served on Sumner from _____ to _____

Rate or Rank on Sumner _____

No. Of people attending reunion. _____ x \$140= _____

2017 (or more) Dues (specify year(s)) _____ + \$15@ _____

Total _____

I plan on attending the Farewell Breakfast.....Yes _____ No _____

(We need a head count for financial purposes)

Checks made out to: USS A. M. Sumner Association

Mail to: 301 Park Ln.

North Syracuse, NY 13212-2143

Questions?? Call Frank DiBello @ 281-332-1157

* Food allergies or special dietary REQUIREMENTS?

List here _____
