

2026 Reunion Registration Form

(Please Print)

Attendee 1 Attendee 2 Attendee 3 Attendee 4 Attendee5 Attendee 6

First Name

Last Name

City

State

Dietary Needs

Registration Fee (per person)

Adult or Child (Under 13) **\$50 or \$0** \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Fri (8/28) 7:00 Dinner & Program

Adult or Child (3-12, **\$70 or \$20** \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Under 3 Free)

Sat (8/29) 9:00 Memorial Program

No Meal - Program Only \$0 \$ **0** \$ **0** \$ **0** \$ **0** \$ **0** \$ **0**

Sat (8/29) 7:00 Dinner & Program

Adult or Child (3-12, **\$75 or \$20** \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Under 3 Free)

Total for EACH Attendee: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

<u>Grand Total for ALL Attendees:</u> \$ _____ <i>(See Page 2 for additional needed information)</i>
--

Attendee 1 Additional Information:

Mailing Address: _____

Preferred Phone #: _____ **Email:** _____

90th Unit: _____ **Special Needs:** _____

Payment Information

____ **Check enclosed** - Please make checks payable to: **90th Division Association**

____ **Credit Card** (Visa, MC, Disc., AmEX): Name on Card: _____

Credit Card #: _____ Exp: _____ 3 Digit Code: _____

Mail Registration Form to : 90th Division Association, PO Box 125, Nevada, IA 50201-0125

For questions please contact Nancy Rasmusson: **Nancy@90thdivisionassoc.org or Phone: 970-227-2744**