



12 FIELD REGIMENT (VIETNAM) ASSOCIATION

(A Branch of the Royal Australian Artillery Association NSW Inc.)

Reunion, Maroochydore May 2017

REGISTRATION FORM

I wish to register the following people for attendance(s) at the reunion at \$55 per person.

1. Member Attending:
(name)

2. Member Spouse or Partner Attending:
(name)

3. Family Member Attending:
(name)

About the Program:

How many of these attendees will be attending each activity/excursion? (Please indicate how many of the above registrations will attend each function/activity.)

We will be attending ALL activities and excursions.

(tick if all of you are attending **all** sessions)

OR

(Complete this section only if one or more of the above registrations are unable to attend every activity/excursion.)

- Number attending the Meet-and- Greet (Wednesday evening) [.....]
- No. attending the excursion to the Aviation Museum and Mooloolaba (Thurs.) [.....]
- Number attending the Association Dinner (Thursday night) [.....]
- Number attending the excursion to the hinterland (Friday) [.....]
- Number attending the barbecue (Friday night) [.....]
- Number attending the farewell breakfast (Sunday morning) [.....]

National Gunner Dinner:

How many of these registrations are intending to also attend the National Gunner Dinner in

Caloundra on Saturday AND would use the Association-provided bus to get there? [.....]

2.

Payment:

The cost for attendance is \$55 per person, regardless of whether the person registered attends every session or not. Please remit payment to the Treasurer John Beer making sure you indicate clearly who and what the payment is for, by bank transfer to the 12 Field Regiment (Vietnam) Association's NAB Bank, BSB 082-225 A/c No. 836546425.

Or you can mail him a cheque to 81 Fawcett Street, Glenfield, NSW 2167.

Please confirm payment as follows (Tick):

I have sent my registration costs by transfer on (date)...../...../.....

OR

I have mailed a cheque to the Treasurer posted on (date)/...../.....

Dietary Requirements:

Please advise us if any of your registered group has any special dietary needs.

Name:..... Diet need:

.....

Name:Diet need:

.....

Next Step:

Please send this completed Registration Form to the secretary by email (scan?) to tandjbryant@bigpond.com or mail it to him at 28 Ironbark Avenue, Flagstaff Hill, SA 5159.

It would be appreciated if all registrations could be received by 31st January 2017.

Thank you, and See You There!!!