

**DESTROYER LEADER ASSOCIATION, INC. 23<sup>th</sup> ANNUAL REUNION**  
**September 9 – September 16 – 2019, Boston Ma Area**  
**2019 REUNION REGISTRATION FORM**

(This registration form must be **“RECEIVED”** by the DLA Planner by **August 7th, 2019.**)

(After AUG. 7th, you must register at the hotel in Warwick RI., at the registration table at additional cost)

*Please Print Legibly – Print Names as you want them to appear on your Name Badges*

Name \_\_\_\_\_ Hull Number \_\_\_\_\_ Rate \_\_\_\_\_ Div \_\_\_\_\_ Aboard From/To \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ (Phone) (\_\_\_\_\_) \_\_\_\_\_

Name of Guest(s) Attending \_\_\_\_\_

Is this your **First Time** attending a DL Reunion? (Circle One) ... Yes / No

**Registration Fee = \$35.00 per person** (Shipmate plus each guest)..... Qty \_\_\_ @ **\$35.00** each = \$ \_\_\_\_\_

**Name Tag**, I (we) need **New** Permanent plastic Name Tag(s)..... Qty \_\_\_ @ **\$15.00** each = \$ \_\_\_\_\_  
 (Circle one) **Magnetic (or) PIN attachment**

**Names wanted on badges (please print)** \_\_\_\_\_

**Hotel User Fee Assessment (\$45.00)** (Only if you are **not** staying at the **CROWN Plaza Hotel**) \$ \_\_\_\_\_

**Board of Directors Meeting, 3:00 PM Tuesday: SEPT 10** Do you plan to attend? (Circle one) **Yes / No**

**Welcome Reception, 6:00 PM Tuesday : SEPT 10** (You must request number attending.) **Qty:** \_\_\_\_\_

**Banquet Plated Dinner, Friday, SEPTEMBER 13, 2019** (Please indicate quantity of each meal desired)

*Entrée 1: Grilled Sirloin /Peppercorn Sauce* ..... Qty \_\_\_ @ **\$49.00** each = \$ \_\_\_\_\_

*Entrée 2: Chicken Franchise/ Lemon Butter* Qty \_\_\_ @ **\$49.00** each = \$ \_\_\_\_\_

*Entrée 3 Baked New England Scrod /Lemon Butter* Qty \_\_\_ @ **\$49.00** each = \$ \_\_\_\_\_

**Tours. A minimum of 40 passengers per motor coach is required for tour to operate.**

**Tour #1 –Wednesday Sept. 11, Newport Naval Base War College Museum** Qty \_\_\_ @ **\$85.00** each = \$ \_\_\_\_\_  
 Lunch Included @ Officers club, City Tour & Breakers Mansion tour.

**Tour #2- Thursday, Sept. 12 Memorial Service, USS Constitution / City tour** Qty \_\_\_ @ **\$60.00** each = \$ \_\_\_\_\_  
 Lunch On Own @ Faunal Hall, Boston area Bus tour

**TOTAL AMOUNT ENCLOSED = \$ \_\_\_\_\_**

**Make your check or money order payable to Destroyer Leader Association. Payment in Full required with registration.**  
 (Continued on next page; and **your Signature on Page 2 is required for Registration to be accepted.**)

## 2019 REUNION PRE-REGISTRATION FORM (Continued)

**You may participate in as many or as few activities as you wish.** Pick out those functions you wish to attend and add in those fees as shown on the reverse. We must commit – with hard numbers – to the hotel catering and tour operators long before the events; we are then obligated to pay for the number we provided. To know that number, we must have your Registration information well in advance of the event. **Fill out and mail the Registration Form Right Away**

**Ask for the DLA room rate when making your hotel reservation & get a confirmation number.** Inform the hotel of any special needs (handicapped room, walk-in shower, refrigerator for medicines, etc.) Call the **Crown Plaza Hotel at 401- 732- 6000. Ask for Destroyer Leader Association or DLA room rate of \$ 109.00. Good 3 days + /- reunion dates.**

I have made my room reservation, and my **Confirmation No.** is # \_\_\_\_\_. I will arrive on **Sept.** \_\_\_\_\_ and depart on **Sept.** \_\_\_\_\_, **2019. Registration Fees for walk-ins at the reunion are \$45.00 per person,** because they trigger a considerable train of events for the Reunion Committee, so register early. The Reunion is held at a Full Service Hotel (large meeting rooms, Restaurant, bar service, catering department, etc.)

**\*\*\*If you are not staying at the Holiday Inn, include your Hotel User / Assessment Fee of \$45.00\*\*\***

I am staying at \_\_\_\_\_  
During the Reunion, I can be reached at (phone number) \_\_\_\_\_

Are you a Plank Owner? (Circle one) Yes / No.  
If you need to purchase a City Tag for a previous year ??? See the Ships Store, while at the Reunion.



**Do you or your guest have any disability or dietary needs** that require special attention?  
(Specify)

\_\_\_\_\_  
\_\_\_\_\_

**If you need a handicap room or other special arrangements** at the hotel, you must inform the person taking your reservation. If you need to park an RV at the hotel, make those arrangements when you make your reservation. **Hotel does have a Free shuttle to / from the airport.**

Will you volunteer to help at the Reunion? Please call **Mike BUGARA, (401) 635-8860; Email:mjbugara@hotmail.com** to discuss how you can help.

**Watch-standers are requested for two-hour shifts for the Welcome Desk and Hospitality Room.**

Do you consent to publishing your name, address and phone number to DLA members? (Circle one) Yes No

**Disclaimer: All hotel public spaces are designated non-smoking. Liquor liability laws also prohibit the consumption of privately owned alcoholic beverages in its public spaces. Further: The Destroyer Leader Association, Inc., its Officers and Directors, and the Reunion Planner do not accept responsibility or liability whatsoever for any incident involving the use of any alcoholic beverage.**

**Registration confirmation will only be sent to those providing a self-addressed stamp envelope** or an E-mail address. My Email address is: \_\_\_\_\_

Attached is my check or money order (Number) \_\_\_\_\_ Dated \_\_\_\_\_ in the Amount of \$ \_\_\_\_\_.

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ALL REGISTRATION FORMS MUST BE RECEIVED BY AUG 7th.**

Must be signed to be accepted.

**DEADLINE FOR REFUNDS IS AUGUST 7th, 2019.**

**Mail this Form with FULL payment to:  
Destroyer Leader Association  
% Mike BUGARA, Reunion Planner  
36 Wild Cherry Drive.  
Little Compton, RI. 02837-1743**