

DESTROYER LEADER ASSOCIATION, INC. 26th ANNUAL REUNION
September 28- October 5, 2024 Herndon VA
2024 REUNION REGISTRATION FORM

(This registration form must be **“RECEIVED”** by the DLA Planner by **AUG.10, 2024**)

(After AUG.10th, you must register at the hotel in Herndon ,VA. 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 = \$45.00 per person (Shipmate plus each guest)..... Qty __ @ **\$45.00** each = \$ _____

Name Tag, I (we) need **New** Permanent plastic Name Tag(s)..... Qty __ @ **\$20.00** each = \$ _____
(Circle one) *Magnetic (or) PIN attachment*

Names wanted on badges (please print) _____

Hotel User Fee Assessment (\$75.00) (*Only if not staying at the Crown Plaza Dulles*) _____ \$ _____

Board of Directors Meeting, 3:00 PM. Tuesday OCT .1 Do you plan to attend? (Circle one) Yes / No

Welcome Reception, 6:00 PM. Tuesday: OCT 1. (You must request number attending) Qty: _____

Banquet Plated Dinner, Friday, Oct. 4,2024 Meals include Tax & tips (Please indicate quantity of each meal desired)

Entrée 1: Pan seared Chicken Breast w/ Lemon Qty: _____ @ **\$70.00** each = \$ _____

Entrée 2: New York 12oz steak demi Glaze Qty: _____ @ **\$70.00** each = \$ _____

Entrée 3: Bourbon BBQ Salmon Qty: _____ @ **\$71.00** each = \$ _____

Tours, A minimum of (50) passengers per motor coach is required for tour to operate.

Tour #1 –Wednesday October 2 US ARMY Museum & Bull Run winery Qty: _____ @ **\$ 90.00** each = \$ _____

Tour #2- Thursday, OCT. 3,2024 Mount Vernon & Air & Space Museum Qty: _____ @ **\$88.00** each = \$ _____
Lunch On own

TOTAL AMOUNT ENCLOSED = \$ _____

Make your check or money order payable to Destroyer Leader Association.

Payment in Full required with registration.

your Signature on Page 2 is required for Registration to be accepted.

2024 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 ... **Fill out and mail the Registration Form Right Away**
Ask for the Destroyer Leader Association, 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 Dulles Hotel@ 1 877-3905944** , DLA room rate of \$ 129.00.+ tax **Good 3 days + /- reunion dates.**

I have made my room reservation, and my **Confirmation No.** is # _____ . I will arrive on **SEPT.** _____ and depart on **OCT** . _____ , **2024** **Registration Fees for walk-ins at the reunion are \$60.00 per person**, because they trigger a considerable event for the Reunion Committee, so register early. The Reunion is held at a Hotel (large meeting rooms, Restaurant, bar service, catering department, etc.)

*****If you are not staying at the Crown Plaza - include your Hotel User / Assessment Fee of \$75.00*****

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. Free Parking & airport shuttle service.

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.10th.

Must be signed to be accepted.with Full Payment

DEADLINE FOR REFUNDS IS AUG,10 th, 2024.

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