

OBSERVANCE WREATH PRESENTATION
(please print clearly)

Organization name in full: _____

Name & title of wreath bearer: _____

e-mail address: _____

if no e-mail, home address: _____

City, State, & Zip code: _____

To insure listing in program, this notice MUST be received no later than April 1st at the address shown above.

I would like to reserve ____ seats on the shuttle bus from headquarters hotel to Tomb Ceremony and return to hotel. **Maximum of 60 seats on bus. First come, first served basis.**

OBSERVANCE LUNCHEON

Please accept ____ luncheon reservation(s). Please list name, e-mail address, home address & phone number of person responsible for picking up tickets at the door.

Name: _____

E-mail: _____

Address: _____

Phone: _____

City, State & Zip Code: _____

Pork loin _____ Chicken Marsalla _____

Include remittance of \$28.00 per person for each lunch reservation payable to **National Organization SUVCW.**

Reservations must be made by April 1st and cancellations by the same date in order to receive refund. There will be no extra tickets sold at the door. Make a copy of this form for your records and send original with remittance.

MILITARY PARADE INFORMATION

Name of unit: _____

No. of people attending: _____ Phone: _____

Contact person name: _____

E-mail: _____

This will insure each unit receives a streamer for their flag and all participants receive ribbons.

Send to:

Robert M. Petrovic, PDC

6519 Cherokee Lane

Cedar Hill, MO 63016-2527