

BATTLE OF SUOI TRE MEMORIAL EVENT 2017
MARCH 19 TO 24, 2017
REGISTRATION FORM

Name(s) _____

Unit served in and dates served _____

Number of people attending the event..... _____

Registration fee to attend event..... \$65 per person x _____

Total cost \$ _____

E-Mail Address: _____

Mail checks to the treasurer of the event:

William King
P.O. Box 414
Florissant, CO 80816