

**USS ESSEX ASSOCIATION REUNION REGISTRATION FORM – SEPTEMBER 12<sup>th</sup> to 16<sup>th</sup>, 2023**

**HYATT PLACE 111 West Washington Center Road, Fort Wayne Indiana 46825**

Listed below are all registration, tour, and meal costs for the reunion. Please enter how many people will be participating in each event and total the amount. Make all checks **Payable to the: USS ESSEX ASSOCIATION**, then mail the check and the form to Eugene Schmidt our Treasurer. Keep a copy for your own records. Your cancelled check will serve as your confirmation. All registration forms and payments must be received by mail on or before August 12, 2023. No registrations can be accepted after that date. HOTEL reservations will only be accepted on a space available basis after that date.

**Please do not staple or tape your payment to this form.**

<b><u>CUT-OFF DATE IS August 12th, 2023.</u></b> <b><i>Please see Buccaneer for description of tours and meals</i></b>	<b>Price Per</b>	<b># of People</b>	<b>Total</b>
<b><u>TOURS</u></b>			
Wednesday 9/13: GM Plant and Downtown Library tour	\$ 55		\$
Thursday, 9/14: Ft Wayne City/Embassy theater/DeBrand Candy tour	\$ 60		\$
Friday 9/15: Veterans Memorial/National Auto Truck tour	\$ 50		\$
<b>**Wednesday, Thursday, and Friday tours have "Lunch included" **</b>			
<b>FAREWELL DINNER</b>			
Pork	\$25		\$
Chicken	\$25		\$
Fish	\$25		\$
<b><u>REGISTRATION and Hospitality Room Fee</u></b>			
	\$20.00		\$
Total Amount <b>Payable to: USS ESSEX ASSOCIATION</b>			\$
<b>Mail check and Form to: EUGENE SCHMIDT at 3823 Wyoming AVE SW, Wyoming MI, 49519-3659 (616-534-7170)</b>			

**PLEASE PRINT FIRST AND LAST NAME AS YOU WOULD LIKE IT TO APPEAR ON YOUR NAME TAG**

FIRST \_\_\_\_\_ LAST \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PHONE NUMBER #: \_\_\_\_\_ CONTACT EMAIL: \_\_\_\_\_

SHIP #: CV/CVA/CSV-9  LHD-2  USS ENGLISH  Other

DIVISION ASSIGNED \_\_\_\_\_ DATES ABOARD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CHECK HERE IF THIS IS YOUR FIRST USS ESSEX REUNION? YES  NO

Please list First and Last Names of Spouse and all Guests (excluding yourself) to provide nametags.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

DISABILITY/DIETARY RESTRICTIONS \_\_\_\_\_

*(Sleeping room requirements must be conveyed by attendee directly with hotel)*

MUST YOU BE LIFTED HYDRAULICALLY ONTO THE BUS WHILE SEATED IN YOUR WHEELCHAIR IN ORDER TO PARTICIPATE IN BUS TRIPS?  YES  NO **(PLEASE NOTE THAT WE CANNOT GUARANTEE AVAILABILITY).**

EMERGENCY CONTACT \_\_\_\_\_ PH. NUMBER (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

POINT OF CONTACT for information is: NORM THOMPSON [Norm21@Frontier.com](mailto:Norm21@Frontier.com) (260) 341-5734