

75th Annual Reunion Registration

New Orleans, Louisiana

Oct 29 – Nov 2, 2025

ITEM	NUMBER		COST		TOTAL
Registration Fee, for each person attending:	<input type="text"/>	X	\$90	=	<input type="text"/>
Wednesday October 29					
Welcome Reception <i>Hospitality Suite, 6:00 PM</i>	<input type="text"/>		No cost		
Thursday October 30					
Tour the National WWII Museum <i>Buy tickets on site: Military \$23, Seniors \$30, Adults \$33</i>					
Friday October 31					
Open schedule! Options include more WWII Museum, shopping, plantation visits, paddleboat tours, swamp boat rides, shopping, etc. Sign up individually at registration.					
Saturday November 1					
<u>Deli Buffett</u>					
Victory Belles Luncheon	<input type="text"/>	X	\$39	=	<input type="text"/>
Everybody Else Luncheon	<input type="text"/>	X	\$39	=	<input type="text"/>

Formal Banquet

Entrees: Roasted Marinated Chicken Breast, Lightly Blackened Gulf Fish, Grilled London Broil Steak - medium

Guest Name	Entrée choice (Chicken, Fish, or Steak)				
_____	_____	_____	X	\$86	= <input type="text"/>
_____	_____	_____	X	\$86	= <input type="text"/>
_____	_____	_____	X	\$86	= <input type="text"/>
_____	_____	_____	X	\$86	= <input type="text"/>
For additional guests, please attach a list.				Grand Total	= <input type="text"/>

Please list anyone in your party who has food allergies, needs a gluten-free diet, is vegetarian or has any other special needs so we can pass this along to the chef.

Name of person completing Registration: _____

Phone: _____ Email: _____

Company/Regiment _____

Names of those attending

Relationship to the 95th

(Veteran, active duty, spouse, son, daughter-in-law, grandson, niece, friend, etc)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Payment	<input type="checkbox"/> Check <i>(Payable to the 95th Division Legacy Association)</i>
	<input type="checkbox"/> Credit Card <i>Circle one: Visa, Master Card, American Express</i>
	Name on Card _____ Expiration Date _____
	Credit Card Number _____ Security Code _____
	Billing Address _____
	Signature _____ Date _____
Mail completed form and check to 95 th Division Legacy Association, P.O. Box 1113, Oklahoma City, OK 73101	