



442nd Regimental Combat Team
75th Anniversary Banquet

Celebrating with Gratitude and Pride

BANQUET REGISTRATION FORM

Date: March 18, 2018 (Sunday)
Time: Doors will open at 10:00 AM, program to start at 10:30 AM (event will end between 1:30 – 2:00 PM)
Place: Sheraton Waikiki Hotel, Kauai/Maui Ballroom

Special Request: Veterans group photo will be at 9:30 AM. Please be on time.

Banquet Registration Instructions:

Please use the back of this form to list the names of attendees (note chapter if applicable). Include contact information for one person listed.

- The cost is \$75.00 per person. **Veterans, their wives or surviving spouses are free.**
- The cost for self-parking is \$10; valet parking is \$15. **Parking for veterans, wives and widows – whether self-park or valet -- will be paid for.** For those driving a passenger with a wheelchair, someone will assist you at the front entrance of the hotel if you wish to drop off passenger(s).
- Lunch entrée will be a chicken and short ribs combo. If the Vegetarian option is preferred, please indicate with a check mark on the registration form.
- **Please make checks payable to 442nd Legacy Center** (note “75th banquet” on check) and send with the completed form to:
442nd Veterans Club
933 Wiliwili Street
Honolulu, HI 96826

Deadline to submit reservations and payment is Monday, February 26, 2018

- Those wishing to register online, please visit:
<https://www.eventbrite.com/e/442-rct-75th-anniversary-banquet-tickets-41855690497>
(Password: goforbroke)

Hotel Reservations

If you would like to book a room at the Sheraton Waikiki Hotel, kamaaina rates start at \$278.40 per night, plus tax. Please call the 442nd office at (808) 949-7997 for more information.

If you have any questions, please contact the 442nd Veterans Club office at:
Phone: (808) 949-7997 Email: 442veterans@hawaiiantel.net

**442nd Regimental Combat Team
75th Anniversary Banquet
March 18, 2018 - Sheraton Waikiki Hotel**

FULL NAME FOR EACH ATTENDEE (PLEASE PRINT)	VETERAN/WIFE/WIDOW (PLEASE CIRCLE)	CHAPTER (IF APPLICABLE)	VEGETARIAN MEAL (v)
1.	VETERAN/WIFE/WIDOW (PLEASE CIRCLE)		
2.	VETERAN/WIFE/WIDOW (PLEASE CIRCLE)		
3.	VETERAN/WIFE/WIDOW (PLEASE CIRCLE)		
4.	VETERAN/WIFE/WIDOW (PLEASE CIRCLE)		
5.	VETERAN/WIFE/WIDOW (PLEASE CIRCLE)		
6.	VETERAN/WIFE/WIDOW (PLEASE CIRCLE)		
7.	VETERAN/WIFE/WIDOW (PLEASE CIRCLE)		
8.	VETERAN/WIFE/WIDOW (PLEASE CIRCLE)		
9.	VETERAN/WIFE/WIDOW (PLEASE CIRCLE)		
10.	VETERAN/WIFE/WIDOW (PLEASE CIRCLE)		

(Use separate sheet if necessary)

TOTAL NO. OF ATTENDEES: _____
 LESS TOTAL NO. OF VETERANS, WIVES, WIDOWS: _____
 TOTAL NO. OF PAYING ATTENDEES: _____ x \$75.00 = \$_____ AMOUNT DUE

NAME AND CONTACT INFORMATION (DAYTIME PHONE NUMBER OR EMAIL ADDRESS) FOR ONE PERSON LISTED ABOVE:
