

FORWARD AIR CONTROLLERS 2018 SEATTLE REUNION REGISTRATION FORM

THIS IS HOW YOUR / GUESTS' NAMES WILL APPEAR ON YOUR NAME TAGS

Date/Time Field

First Name Last Name Call Sign

A/C Flown Tour Dates Locations

Address City State Zip Code

Home Phone (10#s) Cell Phone (10#s) E Mail

I am The FAC The Spouse The Child The Grandchild Other Your FAC's Name

Primary Emergency Contact Phone Number (10#s)

GUEST NAMES (If needed, please list additional guests on a separate sheet.)

Full Name The Spouse Full Name Child/Other

I will arrive on: Mon , 17 Sept. Tues., 18 Sept.

Approx. time of day: Coming by: Air Flt. #

**Insert a head count in the Quantity box,
plan to pay the following when you
check in at the FAC registration desk.**

*** \$100/person**

**** \$35/person**

Item#	Description	Quantity	Unit Price	Amount
	Registration - FAC (admin expenses, coin, hat, HOOCH)			
	Registration - GUEST			
	Argosy Cruise to Tillicum. (100 sign-ups minimum) *			
	Optional Charter bus round trip to Argosy pier **			
	Visit the Museum of Flight, Seattle Boeing Field			
	Optional Charter bus round trip to Museum of Flight			
	Visit Boeing Field Museum/ Tour the aircraft assembly plant			
	Visit Paul Allen Flying Heritage & Combat Armor Museum			
	Optional Charter bus round trip to the above destinations			
	Evening Banquet in the Red Lion Hotel Ballroom			
	Morning Memorial Service at Hotel Ball Room			
	SIZE: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL Cost at the right includes one line for your Call Sign			
	SIZE: <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL			
	Add \$2 for each additional line			

MAKE YOUR CHECK OUT TO: FACA, INC. THEN Mail your check along with a copy of this form to:

**Pete Ruppert
3208 31st Ave SE
Puyallup, WA 98374**

**ALSO: COPY, ATTACH, AND EMAIL A COPY OF THIS FORM TO
joesowa@reagan.com**

Total

MY CHECK #

Signature: