



USS BRADLEY REUNION – September 26-29, 2019

Registration / Itinerary Form

Handlery Hotel San Diego

950 Hotel Circle North, San Diego CA 92108

Name of Shipmate: _____

Name of Shipmate's Guest: _____

Address: _____

City/State/Zip Code: _____ Email: _____

Daytime Phone: _____ Evening Phone: _____

Will you be staying at the hotel? ___ Yes ___ No, Staying at: _____

Arrival Date: _____ Departure Date: _____ # of Room nights _____ x \$162.50 = \$ _____

Room types: King/Double bedded room (1-2 people) including tax and breakfast for up to 2 people per room

Special Room Request(s): _____

Special Dietary Request(s): _____

Emergency Contact Info: If there should be an emergency during the reunion, list a family member we should contact?

Name: _____ Phone Number: _____

	All Pricing is Per Person Tax Included	# Adults	Total Price
Reunion Admin Fee	\$20.00 Per Person	x _____ =	\$ _____

Thursday, September 26, 2019

2:00 PM Hospitality room open for visiting

3:00 PM Registration table opens

3:00 PM Check-in at hotel and get breakfast vouchers for Postcards American Bistro

Friday, September 27, 2019

7:00 AM Breakfast – Included in your room rate, served in Postcards American Bistro

8:00 AM Hospitality room open for visiting

10:00 AM Board Motor Coach \$106.00 per person _____ Total _____

11:00 AM Arrive and Board Flagship Cruise with Box Lunch Provided

1:30 PM Fort Rosecrans National Cemetery (Drive Thru)

2:00 PM Cabrillo National Monument

3:30 PM Mission Bay

6:00 PM Reunion Buffet \$47.50 per person _____ Total _____

Saturday, September 28, 2019

7:00 AM Breakfast – Included in your room rate, served in Postcards American Bistro

8:00 AM Hospitality room open for visiting

9:00 AM Board Motor Coach \$32.00 per person _____ Total _____

9:15 AM Reunion participants will have the option of visiting either Seaport Village or the Naval Station, which may include a tour of an active duty ship.

3:00 PM Business Meeting

7:00 PM Banquet Dinner \$45.25 per person _____ Total _____

Sunday, September 29, 2019

7:00 AM Breakfast – Included in your room rate, served in Postcards American Bistro

8:00-11 AM Hospitality room open for visiting. Check out time is 11AM

Reunion Total \$ _____

Name Tag Info If this is your first USS Bradley reunion, or if you have misplaced the nametag you received at a previous reunion, we encourage you to order one here. Please fill in the information below to insure your name tag is printed correctly. **If you fill in the information below you will pay for tag when you pick it up at the reunion**

Your Nametag Name: _____ Years you serve on board: _____

What was your highest rank while on board: _____ Guest Nametag Name: _____

Name Tag(s): \$8.50 x _____ = \$ _____

City Tag(s): \$5.75 x _____ = \$ _____

All reservations must be guaranteed by individual attendees of the reunion with Ozarks' Kirkwood Tour & Travel via a **\$100 reservation deposit by check or credit card**. This will be credited to your room reservation. Deposits are due within 15 days of the receipt of the registration form by OKT&T. If the deposit is not received within 15 days, the registration will be cancelled. Final payment for the balance due on all registrations is due by **August 23, 2019**.

Any reservation cancelled after **August 23, 2019**, will be charged one night's room and tax plus a \$25.00 service fee.

Any room guaranteed for a late arrival that is not utilized will be charged one night's room and tax.

Please make Reservations as soon as possible. Reservations must be made by August 23, 2019

Return this form to Ozarks' Kirkwood Tour & Travel, PO BOX 1166 Branson, MO 65616 or fax to 1-417-335-2343

If you have any questions or to make a reservation by phone, please 1-800-848-5432

Ask for the USS Bradley Reunion

PAYMENTS:

Make Checks Payable to: Ozarks' Kirkwood Tour & Travel and mail to P.O. BOX 1166, Branson MO 65615-1166

To pay by credit card, please complete the section below and fax to 417-335-2343: (Do not email credit card numbers)

Ozarks' Kirkwood T&T is authorized to bill the below credit card in the amount of \$ _____

Name as it appears on the Credit Card: _____

Account #: _____ Exp. Date: _____ Security Code: _____

Billing Address if different than above: _____

SIGNATURE REQUIRED: (sign here) _____

- **Hotel Check-in policy:** The Front Desk staff member that checks you in will ask for a credit card for incidentals, there will be a \$50.00 per day, hold placed on your credit card. This hold should be released between 5- 7 day after check-out based on your bank.
- **Hotel Check-in Time:** 3:00 PM **Hotel Check-out Time:** 11:00 AM
- **Parking at the Hotel:** Complimentary for the Reunion Group
- **Hotel Guest Rooms:** 100% of Guest rooms are non-smoking, should a guest smoke in their room the penalty \$250.00; this is the responsibility of the individual to pay the penalty.
- **EARLY DEPARTURE FEES:** The Hotel will charge a \$95.50 and it will be charged to your credit card upon departure.