

**MILITARY REUNIONS
TO REMEMBER**

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In order to provide you with information on your proposed reunion, we need to gather some information from you. Remember, there is no obligation to you or to your organization unless you decide to contract with MRTR for a future reunion.

Name of your Association or group:

Name, address and phone number of reunion chairman:

Phone Number: _____

Preferred month for your reunion: _____ Alternate: _____

Preferred general location for your reunion (City and State) _____

Number of members in your Association: _____

Anticipated number of participants in this reunion: _____

Number of days anticipated for this event: _____

This reunion will start on what day of the week: _____ . End on what day of the week:

_____ .

Group events:

Group Breakfast: Y / N; Day: _____ Buffet Dinner: Y / N; Day: _____

Banquet Dinner: Y / N; Day: _____

Tours: Y / N; Days: _____

Buffet Dinner Entertainment: Y / N; Banquet Dinner Entertainment: Y / N

Type of entertainment desired: _____

Please list your groups reunion history starting with the most recent:

Hotel Name and Contact Name and Phone Number	Date of Reunion	Total Paid Nights	Buffet Dinner Attendance	Banquet Dinner Attendance	Average Tour Attendance per Tour

How did you hear about Military Reunions to Remember?

Feel free to include any additional requirements or information that you may feel is important. Return this form when completed and allow our staff to go to work for you. We are looking forward to helping you create a Reunion to Remember.