

OBSERVANCE WREATH PRESENTATION
(please print clearly)

Organization name in full: _____
Name & title of wreath bearer: _____
e-mail address: _____
if no e-mail, home address: _____
City, State, & Zip code: _____

To insure listing in program, this notice MUST be received no later than April 1st at the address shown above.

I would like to reserve ____ seats on the shuttle bus from headquarters hotel to Tomb Ceremony and return to hotel.

Please circle YES or NO if you will ride the bus to the Dr. Benjamin Stephenson ceremony near Petersburg after the lunch.

OBSERVANCE LUNCHEON

Please accept ____ luncheon reservation(s). Please list name, e-mail address, home address & phone number of person responsible for picking up tickets at the door.

Name: _____
E-mail: _____
Address: _____
Phone: _____
City, State & Zip Code: _____

Include remittance of \$25.00 per person for each lunch reservation payable to **National Organization SUVCW**.

Reservations must be made by April 1st and cancellations by the same date in order to receive refund. There will be no extra tickets sold at the door. Make a copy of this form for your records and send original with remittance.

Send to:

Robert M. Petrovic, PDC

6519 Cherokee Lane

Cedar Hill, MO 63016-2527