

USS WORCESTER CL144 - 2010 REUNION REGISTRATION FORM

Last Name _____ First _____ Middle _____ DOB _____ US Cit Y N

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Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-Mail _____

Special Needs _____ Traveling with _____

Special Occasion _____ Date _____

Cabin Category _____ Single _____ Double _____ (Call for single rate & deposit requirement)

Dining: Early Sitting _____ Late Sitting _____ Dine with _____

Deposit: \$100.00 per cabin based on double occupancy

Paid by: Check # _____ Credit Card # _____ Exp. Date _____

Name on Credit Card _____

Do You want Insurance? _____ Yes _____ No

For Insurance rates, single rates and any other questions please contact:

Frank and Sheila Colletti – 352-597-4596 – fcoll@tampabay.rr.com

See attached flyer for details

Make check out to: Cruise Warehouse

Mail to: Sheila Colletti – 9254 Scepter Avenue – Brooksville, FL 34613