



Louisiana Division Reunion

2020 Registration Form

May 15-17, 2020

SCV Member Name: _____

Camp Name & No: _____ Officer Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email Address: _____

Guest Name(s) for Badge: _____

Ancestor Memorial (name and unit) _____

Reunion Registration (Members Only) Quantity: _____ @ \$20 each _____

Saturday Banquet (Members & Guest) Quantity: _____ @ \$35 each _____

Ancestor Memorial Quantity: _____ @ \$10 each _____
(Due by April 15, 2020)

Total Enclosed \$ _____

Please make checks payable to Russell Camp 1617
Mail Registration and Payment to: Russell Camp 1617 PO Box 313 Natchez, La 71456
Deadline for Banquet May 1st 2020

Host Hotel:

Best Western Natchitoches
5131 University Parkway
Natchitoches, La 71457
318-352-6655

Blocked Room Rate
\$85 per night
Code: SCV
Please Call to Reserve Room