

The 25th MP Company & Hawaii MP Alumni Reunion Registration Form

NAME _____ SPOUSE/GUEST _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE _____ EMAIL _____
UNIT(S) ASSIGNED TO IN HAWAII _____
DATES & LOCATION(S) _____
I WILL ATTEND: YES _____ NO _____ SPOUSE/GUEST: YES _____ NO _____
NAME OF ADDITIONAL GUEST(S) _____
T-SHIRT SIZE (ONE PER REGISTERED ATTENDEE) SM ___ MED ___ LRG ___ XL ___ XXL ___
REUNION FEE OF **\$125.00 PER PERSON**: \$125.00 X _____ TOTAL = _____

- **8 OCT/TH.** LADIES' WINE TASTING/MEN'S BEER & CIGARS, \$10.00 PER PERSON
\$10.00 X _____ TOTAL = _____
 - **9 OCT/FRI.** TOUR OF STARK CAVERNS, \$23.00 PER PERSON
\$23.00 X _____ TOTAL = _____
 - **9 OCT/FRI.** EVENING DINNER-CRUISE ON THE LAKE, \$64.00 PER PERSON
\$64.00 X _____ TOTAL = _____
 - **10 OCT/FRI.** GOLF, \$108.00 PER PERSON
\$108.00 X _____ TOTAL = _____
 - **10 OCT/FRI.** LADIES SIP & PAINT FEE, \$25.00 PER PERSON
\$25.00 X _____ TOTAL _____
 - OPTIONAL DONATION TO THE REUNION FUND \$ _____
- TOTAL AMOUNT TO BE PAID = \$ _____**

Please indicate the format that you would like to receive your 2026 membership roster: Portable Document Format (PDF) via email _____ CD ROM _____ or Printed/Hard Copy _____

Make checks payable to the 25th MP Company & Hawaii MP Alumni Reunion 2026

Return by US Postal Service mail no later than Tuesday, September 8, 2026 to:

Stuart D. Saulpaugh, 23460 State Route D, Dixon, MO 65459

Questions: Call Stu at (573) 855-0117