USNA Class of 1959 65th Reunion SignUp	
Name of Classmate/Widow (As it should appear on NAME TAG)	
First and Last	
Street Address	
Address (cont,)	
City and State	
Personal Cell Phone Not Home Phone	
USNA Company (Enter Number)	
Name of Wife/Guests (As it should appear on NAME TAG)	
Do you have significant mobility issues? Please describe.	
Do you have dietary restrictions? Please describe.	