



**NATIONAL RAKKASAN ASSOCIATION/187<sup>TH</sup> AIRBORNE INFANTRY REGIMENT  
44th ANNIVERSARY AND REUNION  
SPONSORED BY WELDON F. HONEYCUTT / HAMBURGER HILL CHAPTER RAKKASANS  
2025 REGISTRATION FORM**

**SECTION 1: Registration Information**

Attendee/Veteran Name: \_\_\_\_\_ Unit: \_\_\_\_\_

Current Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Cost: \$50.00

*Cost per guest is \$50.00*

Guest Name: \_\_\_\_\_ Cost: \_\_\_\_\_

Guest Name: \_\_\_\_\_ Cost: \_\_\_\_\_

Guest Name: \_\_\_\_\_ Cost: \_\_\_\_\_

**TOTAL REGISTRATION FEE COST: \$** \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

**SECTION 2: EVENTS**

Grand Ole Opry trip (\$100 per Ticket):

# of Tickets: \_\_\_\_\_ **TOTAL OPRY TICKET COST: \$** \_\_\_\_\_

Ladies Lunch (No cost/Just need names):

Attendee Name: \_\_\_\_\_

Attendee Name: \_\_\_\_\_

Golf Outing (\$50 each/Paid at reunion/please provide names):

Participant Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_

**SECTION 3: DONATIONS**

Sponsor a soldier for Memorial Dinner (\$55.00 per soldier) \$ \_\_\_\_\_

Donation to Hospitality Suite \$ \_\_\_\_\_

**TOTAL DONATION AMOUNT: \$** \_\_\_\_\_

**GRAND TOTAL \$** \_\_\_\_\_

Mail Registration Form & Payment (Make Checks Payable) to:

**Mike Smith  
Treasurer, Weldon F. Honeycutt /Hamburger Hill Chapter  
630 Waverly Avenue  
Washington Court House, Ohio 43160**