

REGISTRATION FORM Blackhorse Reunion, Colorado Springs June 12-15, 2014



Please complete and return with your check (\$95 per adult; \$30 per child 12 and under not attending banquet) made payable to "The Blackhorse Association," or credit card information (see below).

Name:		
Address:		
City / State / Zip:		
Home Phone:	Cell Phone:	
E-Mail Address:		
Unit(s) and Dates Ser	ved:	
	dition to your name above. Also, p	blease indicate anyone under 12, and any special style and include beef, chicken and vegetarian
	npleted registration form along with Tom Smart 18890 Loudoun Orchard	n your check or credit card information to: Road
	Leesburg, VA 20175	
For Credit Card Users (We cannot accept Ar		Number:
Expiration Date:	Dollar amount to	be charged \$
Name as it appears or	n credit card:	
Billing address (stree	t or P.O., city, state, zip code)	
please include your d	onations below as a part of your ov	regimental trooper to attend the reunion events, verall registration fee. Any funds remaining will tonsor active troopers to the reunion.
Donation: \$	Total for registration: \$	
Please register early - are received by May (full refund will be provided for cancellations that