

Harbor Inspection Reservation Form

DATE OF EVENT _____

May we suggest that you make a copy of this notice before cutting out your reservation so that you will have it handy for future reference?

5 EASY STEPS TO MAKING YOUR Harbor Inspection Reservation

1. **FILL OUT THIS FORM (Handwritten or Fill Out using Adobe Acrobat)**
2. **FAX to (718) 504-4281**
OR E-Mail TO michael.scarano@us.army.mil
OR Mail with your payment to address shown below.
3. **PROMPTLY MAIL PAYMENT TO**
MICHAEL SCARANO, POST SECRETARY, 26 RAY ST, STATEN ISLAND NY 10312-3704
(If sending via Express Mail or Messenger, be sure to instruct deliverer to leave package if no one is present).
4. **In fairness to others, your reservation is not locked in until we receive your check.**
5. **If we run out of space, we will contact you, otherwise no other acknowledgement will be made.**

WE MUST RECEIVE YOUR HARBOR INSPECTION RESERVATION BY _____ RESERVATION DEADLINE

Cost: _____ per SAME Member and Member's Guests
PRICE PER PERSON

NOTE: Due to limited space and the popularity of this event, there is a strict limit of 2 Guests per attending SAME Member. FOR SECURITY PURPOSES, WE MUST HAVE NAME OF YOUR GUESTS and ALL ATTENDEES MUST HAVE A PHOTO ID WITH THEM ON DAY OF EVENT.

Please Provide All Requested Information:

ATTENDING SAME MEMBER NAME	ATTENDING SAME MEMBER'S FIRM	MEMBER'S Phone (Incl Area Code)
ATTENDING SAME MEMBER'S E-Mail Address		Are You a Young Member?
GUEST 1 NAME	GUEST 1 FIRM	GUEST 1 Phone (Incl Area Code)
GUEST 1 E-Mail Address	IS GUEST 1 a SAME Member?	IS GUEST 1 a Young Member?
GUEST 2 NAME	GUEST 2 FIRM	GUEST 2 Phone (Incl Area Code)
GUEST 2 E-Mail Address	IS GUEST 2 a SAME Member?	IS GUEST 2 a Young Member?