

Name: _____

Marines include Rank/DOB: _____

Submit this form to your detachment representative or mail it to:

Southern Indiana Leathernecks Detachment #931

P.O. Box 184

Jasper, IN 47547-0184

Make checks payable to:

Southern Indiana Leathernecks for \$45 per person attending.

Must be received before Oct 27, 2023.

If you desire to be seated with others, please list their names below.

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