RENO, NV

2024 REUNION REGISTRATION FORM

Monday, April 29th – Wednesday, May 1st, 2024

SILVER LEGACY RESORT CASINO ← **CLICK TO VIEW**

DATE	EVENT	COST/pp	# ATTENDING	TOTAL
	Reunion Registration Fee - includes 7-day RTC bus pass	$70		
TUES-04/30	Magique Performance ← CLICK TO VIEW	$45		
WED-05/01	Western Buffet (6:00 pm Cash Bar / 7:00 pm Dinner)	$84		
			TOTAL DUE	

NAME (as you want it on badge)			
VDHA Member Number		UNIT	
SPOUSE name (If attending)			
GUEST name (if attending)			
Street Address (member)			
City		State	Zip
EMAIL ADDRESS (Required for Confirmation)			
MEMBER phone #		**EMERGENCY** phone #	

NOTE: Only **ACTIVE VDHA MEMBERS** will have access to the General Membership Meeting.
You will be notified if your membership is **NOT ACTIVE** when your registration form is received.

Complete registration form, print it and mail it, along with your check/money order to:
VDHA, c/o Bob Palochik, Treasurer, 10125 Skye Saddle Ave., Las Vegas NV 89166-6546
CHECK/MO MUST BE MADE PAYABLE TO VDHA
NO PAYPAL OR CREDIT CARD payments accepted for Registration

Completed registration and payment are due **ABSOLUTELY NO LATER THAN MARCH 31, 2024**
Cancellation (with refund) will be accepted up to and including March 31, 2024
If you need to add/cancel/modify your registration or have any questions, please
email Bob Palochik at bobpalochik@vdha.us or call 702.557.3538 or 702.845.2944

INDIVIDUAL HOTEL RESERVATIONS FOR THE SILVER LEGACY RESORT CASINO

CAN BE MADE BY CALLING

1-800-455-4770

(FOLLOW PROMPTS 1 - 3 - 1 or 2 - 1)

YOU MUST reference **GROUP CODE SRVDH4**

OR on line at

https://book.passkey.com/go/SRVDH4

$99/night
Monday, April 29/Tuesday, April 30/Wednesday, May 1
(includes fees and taxes
DOES NOT INCLUDE BREAKFAST

CUTOFF DATE FOR HOTEL RESERVATIONS IS **MARCH 29, 2024**
GROUP RATE NOT GUARANTEED AFTER THIS DATE

WILL YOU BE STAYING AT THE SILVER LEGACY RESORT CASINO WHERE THE REUNION WILL BE HELD?

YES ☐ If yes, how many nights   NO ☐

SEE "AGENDA" FOR SPECIFICS ON MAGIQUE PERFORMANCE AND WESTERN BUFFET MENU

DATE RECEIVED: _____   **CHECK#/MO#:** _____   **AMOUNT RECD:** _____