



REGISTRATION FORM

Mail to: DOCA, P.O. Box 1294, Centreville, VA 20122
Email to: jwalker@doca.org

DOCA Pensacola, Florida Trip

Monday, April 8 - Wednesday, April 10, 2024

1. **CONTACT INFORMATION:**

Name (please print): _____

Tel #: () _____ Cell #: () _____ Email: _____

Street Address: _____

City/State: _____ Zip Code: _____

Email Address: _____

2. **BADGE:** Print first name/nickname and last, plus the city/state as you wish it to appear on your nametag.

Name: _____ City/State: _____

Spouse or Guest's badge name: _____

3. **EMERGENCY CONTACT:** (Name/Telephone #) _____

5. **FUNCTIONS at the Pensacola Beach Resort:**

Sunday, April 7, 2024

5:30 pm – 7:00 pm – Casual Cocktail /Social Hour at the Windrose Bar– Meet & Greet

Dinner on your own

Monday, April 8, 2024

6:45 am – 7:35 am – Breakfast on your own

7:45 am – Bus departs for Hurlburt Field

Evening: Dinner on your own

Tuesday, April 9, 2024

6:45 – 7:20 am – Breakfast on your own

7:30 am – Bus departs for Eglin AFB

Evening: Dinner on your own

Wednesday, April 10, 2024

6:45 am – 8:00 am Breakfast on your own

8:10 am – Bus departs for NAS Pensacola

Evening: Dinner on your own

6. **HOTEL ACCOMMODATIONS:**

Pensacola, Florida: The Pensacola Beach Resort <https://www.thepensacolabeachresort.com/>

Address: 165 Ft. Pickens Road, Pensacola Beach, FL 32561 Phone: 850.916.9755

Room rate is **\$306.00 (taxes/fees included, no resort fee)**

Check-In Time: 4:00pm

Check-Out Time: 11:00am

Check-in: Saturday, April 6 or

Check-in: Sunday, April 7

Check-out: Wednesday, April 10 or

Check-out: Thursday, April 11

JILL WALKER WILL MAKE EACH ATTENDEES' HOTEL RESERVATION WHICH WILL BE GUARANTEED AND PAID FOR WITH THE ATTENDEES' CREDIT CARD (PLEASE PROVIDE INFORMATION BELOW OR FEEL FREE TO CALL THE OFFICE).

7. REGISTRATION FEE (Includes: charter bus, base lunches, operational expenses): \$1,800.00

Registration does not include: the cost of commercial air travel, hotel, or personal expenses such as individual cocktails and meals other than lunch, room service, transportation from/to the airport, laundry, or telephone.

- 8. PAYMENT:** Checks payable to DOCA - mail to DOCA, PO Box 1294, Centreville, VA 20121; or Credit Card (MasterCard, Visa, Discover, American Express); or PayPal via doca@doca.org
Please continue sending this completed form to the office via email - preferred (jwalker@doca.org) or regular mail.

Credit Card #: _____ Expiration Date: ____/____

Code on back: _____

Full name (as it appears on your credit card):

Billing Address for credit card:

City: _____ State: _____ Zip Code: _____

Signature for Payment Authorization:

- 9. NO FEES WILL BE REFUNDED AFTER MARCH 15. CANCELLATIONS BEFORE THAT DATE WILL INCUR AN ADMIN FEE OF \$100.**

10. VISITOR AUTHORIZATION - LIST INFORMATION FOR EACH INDIVIDUAL BELOW (ADDT'L INFORMATION MAY BE REQUIRED PENDING MILITARY GUIDELINES FOR BACKGROUND CHECK).

X _____	X _____	X _____	X _____	X _____	X _____
Last Name (Name as appears on DL)	First Name (Name as appears on DL)	Driver's License State/Number (MO/A1234567)	US Citizen/Person (Y/N)	SSN (Last 4)	Date of Birth (mm/dd/yyyy)

GUEST/SPOUSE

X _____	X _____	X _____	X _____	X _____	X _____
Last Name (Name as appears on DL)	First Name (Name as appears on DL)	Driver's License State/Number (MO/A1234567)	US Citizen/Person (Y/N)	SSN (Last 4)	Date of Birth (mm/dd/yyyy)

Signature: _____