



REGISTRATION FORM

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

DOCA San Francisco East Bay Area Trip

Wednesday, June 12 - Thursday, June 13, 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 Claremont:**

Tuesday, June 11, 2024

5:30 pm – 7:00 pm – Casual Cocktail /Social Hour at the Limewood Bar & Restaurant

Dinner on your own

Wednesday, June 12, 2024

6:30 am – 7:30 am – Breakfast on your own

7:45 am – Bus departs for Moffett Federal Airfield

Evening: Dinner on your own

Thursday, June 13, 2024

6:30 – 7:45 am – Breakfast on your own

7:50 am – Bus departs for HQ USCG Pacific Area

Evening: Dinner on your own

6. **HOTEL ACCOMMODATIONS:**

Berkeley, CA: The Claremont Club & Spa <https://www.claremont-hotel.com/>

Address: 41 Tunnel Road, Berkeley, CA 94705 Phone: 510-843-3000

Room rate is **\$289.00 (plus a \$24.00 resort fee + taxes/fees)**

Check-In Time: 4:00 pm

Check-Out Time: 12:00 pm

Check-in: Monday, June 10

or

Check-in: Tuesday, June 11

Check-out: Thursday, June 13

or

Check-out: Friday, June 14

No Hotel Needed:

JILL WALKER WILL SEND A HOTEL RESERVATION LINK ONCE YOUR REGISTRATION IS RECEIVED. THE CUT-OFF DATE TO RESERVE YOUR ROOM AT THE CLAREMONT IS MAY 20.

7. REGISTRATION FEE (Includes: charter bus, base lunches, operational expenses): \$1,400.00

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 MAY 20. 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	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	US Citizen/Person (Y/N)	SSN (Last 4)	Date of Birth (mm/dd/yyyy)

Signature: _____