



51st Annual 8th AFHS REUNION
50th Anniversary ~ Founding of the 8th AFHS
DoubleTree by Hilton ~ Colorado Springs, CO October 1-5, 2025

CUT-OFF DATE IS August 30, 2025		Price p/p	# of People	TOTAL
DUES: The principal attendee MUST be a member of the 8th AFHS to register for this reunion. If you are NOT CURRENT or a member, please pay your yearly dues here:		\$ 60	#	\$
REGISTRATION FEE (non-refundable): EVERY attendee MUST pay registration fee		\$ 45	#	\$
DINNERS				
Thursday, Oct 2 — 7:00 PM~EVENING DINNER: Tuscan Chicken with Creamy Sundried Tomatoes, Mushroom, and Parmesan Sauce		\$ 63	#	\$
Friday, Oct 3—7:00 PM~RENDEZVOUS DINNER: Garlic Herb Roasted Chicken with Wild Mushrooms, Rosemary, and Chicken Jus		\$ 63	#	\$
Saturday, Oct 19—7:00 PM~GALA BANQUET: <i>(Please select ONE entrée per person)</i>				
Grilled Ribeye with Crispy Shallots and Red Wine Aus Jus		\$ 75	#	\$
Almond Crusted Sole with Sauce Meuniere		\$ 75	#	\$
Vegetarian plate(s) Please indicate [how many]: Thurs # ____ Fri # ____ Sat # ____		\$ 63	#	\$
TOUR OPTIONS				
Thursday, Oct 2: 9:15 AM—12:15 PM: Foothills & Garden of the Gods Jeep Tour MORNING TOUR (Includes bottled water & snacks!) Limit: 100 passengers		\$ 113	#	\$
Thursday, Oct 2: 1:15 PM—4:15 PM: Foothills & Garden of the Gods Jeep Tour AFTERNOON TOUR (Includes bottled water & snacks!) Limit: 100 passengers		\$ 113	#	\$
Friday, Oct 3: 9:45 AM — 3:00 PM: US Air Force Academy <i>(Includes lunch!)</i>		\$ 60	#	\$
Saturday, Oct 4: 12:15 AM — 3:30 PM: National Museum of World War II Aviation <i>(Self-guided — Lunch on your own!)</i>		\$ 55	#	\$
Total amount payable to: 8th AFHS				\$

Please PRINT. If registering a WWII veteran here, please list their name first. **MAXIMUM of FOUR [4] persons per registration form!**

MEMBER NAME: _____ BG/FG (for name tag & seating): _____

VETERAN? If yes—> WWII: _____ Post WWII: _____ (Conflict or Era): _____ (Branch of Service): _____

Additional Attendee: _____ Military service: _____

Name #3: _____ Military service: _____

Name #4: _____ Military service: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DAYTIME PH #: _____ EMAIL: _____

EMERGENCY CONTACT: _____ PH #: _____

ANY PHYSICAL *(Wheelchair or hydraulic lift needed for tours?)* OR DIETARY RESTRICTIONS: _____

IF PAYING BY CREDIT CARD —M/C; VISA; or AmEx (a 3% convenience fee will be added):

CARD #: _____ CVV: _____ EXP. DATE: _____

SIGNATURE: _____ *Your contact information will only be shared with attendees.*

MAIL completed form with check or credit card info to: 8th AFHS ~ 68 Kimberlys Way ~ Jasper, GA 30143-4769

If paying by credit card, you may [register DIRECTLY on our website](#)