



**MARINE CORPS LEAGUE**  
Department of Texas  
38th Anniversary Convention  
Corpus Christi, Texas

**Registration Form**

Registration Fee for MCL members is \$5.00 per person. Enclosed. \$ \_\_\_\_\_

Registration Fee for MCL Auxiliary is \$3.00 per person. Enclosed. \$ \_\_\_\_\_

Banquet Tickets: \$30.00 Per Person. How Many? \_\_\_\_\_ Enclosed. \$ \_\_\_\_\_

Friday Night Dinner: \$8.00 Per Person How Many? \_\_\_\_\_ Enclosed. \$ \_\_\_\_\_

Saturday Lunch: \$5.00 Per Person How Many? \_\_\_\_\_ Enclosed. \$ \_\_\_\_\_

TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_ Please make checks payable to

**PLEASE RETURN THIS INFORMATION FORM ASAP TO ASSIST US  
IN MAKING THE ARRANGEMENTS FOR YOUR VISIT**

Are you driving? \_\_\_\_\_ Are you flying? \_\_\_\_\_ If you are flying please provide:

Airline \_\_\_\_\_ Flight No. \_\_\_\_\_ Date of Arrival \_\_\_\_\_

Scheduled arrival time \_\_\_\_\_ Number of persons in your party. \_\_\_\_\_

If you are driving: Date of arrival \_\_\_\_\_ Expected time of arrival. \_\_\_\_\_

NOTE: TRANSPORTATION WILL BE AVAILABLE FROM THE AIRPORT TO THE BAYFRONT  
PLAZA BY CALLING AMADO TREVINO JR. AT CELL #960-0143

IF YOU ARE ATTENDING THE BANQUET PLEASE FILL THE INFORMATION BELOW FOR  
RESERVATIONS. **PLEASE PRINT.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Det: \_\_\_\_\_

RESERVATION NAMES: \_\_\_\_\_

**YOUR TICKETS WILL BE READY AT THE REGISTRATION DESK**