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| **73rd Anniversary of Arnhem September 1944 – 2017** | | | | | | | | | |
| **Registration Form and Claim for reimbursement of £300 towards the cost of attending the 2017 Arnhem Commemorative events** | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| Please complete this form and send to RHQ PARA, Merville Barracks, Colchester, CO2 7UT | | | | | | | | | |
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| Rank: |  | Number: |  | | Name: |  | | | |
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| Home Address: | |  | | | | |  |  |  |
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| Post Code: | |  | |  | Date of Birth: | |  | | |
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| PRA Membership Number: (if applicable) | | | |  | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
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| 1st Airborne Unit Served: | | | |  | | |  |  |  |
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| Dates of Service: | | | |  | | |  |  |  |
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| **Please attach a copy of your travel documents showing costs of £300 or more per person** | | | | | | | | | |
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| I claim reimbursement of £300 towards the cost of attending the 2017 commemoration for: | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
|  | Myself as a Veteran/Widow | | |  |  |  |  |  |  |
|  | My Spouse |  |  |  |  | Please tick the appropriate box | | | |
|  | Carer |  |  |  |  |  |  |  |  |
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| Signed: |  | | |  | Date: |  | |  |  |
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**PLEASE ENTER THE DETAILS OF EACH MEMBER TRAVELLING IN YOUR PARTY**

|  |  |  |
| --- | --- | --- |
| NAME | RELATIONSHIP  Wife/Partner/Carer/Son etc. | ADDRESS |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |