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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 |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 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: |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Dates of Service: |  |  |  |  |
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| **Please attach a copy of your travel documents showing costs of £300 or more per person** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 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 |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Signed: |  |  | Date: |  |  |  |
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**PLEASE ENTER THE DETAILS OF EACH MEMBER TRAVELLING IN YOUR PARTY**

|  |  |  |
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| NAME | RELATIONSHIPWife/Partner/Carer/Son etc. | ADDRESS |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |