Staunton Military Academy Alumni Foundation, Inc.
PO Box 958, Staunton, VA 24402
PHONE: (540) 885-1309 | FAX: 1-866-950-4452 | EMAIL: SMAalumni@outlook.com

SMA Reunion 2026 (9-12 April)
Registration Form

PRINT & fill form. Mail to address or **FAX** to: **1-866-950-4452** or **SCAN** & email to: SMAalumni@outlook.com

LAST NAME: _____FIRST NAME: _____MIDDLE INITIAL: _____
SMA YEAR: _____
ADDRESS: _____CITY: _____ STATE: ____ ZIP: _____
TEL: (_____) _____; (_____) _____; EMAIL: _____

ALUMNI GUEST REGISTER

SPOUSE NAME: _____
GUEST NAME: _____
GUEST NAME: _____
GUEST NAME: _____

ADVANCE REGISTRATION FEE COMPUTATION

Deadline is April 3, 2026. Please take the time NOW to complete your registration form. By doing this, you will help us plan more effectively for a successful SMA/VWIL Reunion.

Please note – lodging reservations at the Hotel 24 South (or elsewhere) must be made separately.

_____ Weekend x $50/person $ _____
_____ Friday Only x $50/person $ _____
_____ Saturday Only x $50/person $ _____
TOTAL COST: $ _____

PAYMENT

☐ **Check** (*payable to*: SMA Alumni Foundation, Inc.)

☐ **Credit Card**: (*can only accept* MC/VISA) ☐ MasterCard ☐ VISA
Card Number: _____
Expiration Date: _____
Security Code: (CVV2 *code on back of card*) _____

BILLING ADDRESS

Name:
(*exactly as written on credit card*) _____

Billing Address: (*for credit card purchases*)
(*must be exactly as written on CC billing statement*) _____

_____

_____ ZIP: _____

SIGNATURE

_____