SEMPER FIDELY

DEPARTMENT OF FLORIDA MARINE CORPS LEAGUE

FALL CONFERENCE

OCTOBER 9--11, 2025 REGISTRATION

_		ALL REQUIRED INFORMATION	
I	Detachment NAME		
	DET #		
	EMAIL Address	•	
Phone #:		*	
• 1	Member(s)-at-Large	are affiliated wit <mark>h De</mark> tachment 500 and should so indicate on this	form.
Δ	DUANCE Pagists	ation Fee: <mark>\$5</mark> per person	
			_
A	FTER SEPTEMBI	<mark>ER 10, 2025 or "Walk-ins"</mark> Registration Fee = <mark>\$6</mark>	<mark>5</mark>
		PRINT legibly	INDICATE IF
		PRINT legibly	ATTENDING \
1	NAME:		ATTENDING V
•	TITLE:		
	CELL PHONE #		
2	NAME:		
	TITLE:		
	CELL PHONE #		
3	NAME:		
	TITLE:		
	CELL PHONE #		
4	NAME:		
	TITLE:		
	CELL PHONE #		
		Commandant Name:	
	_	and are Members in Good Standing	
**	*DETACHMENT CO		
		Signature REQUIRED	
N	umber of Men	nbers	
	_		
\$ _	encle	osed Check #	
**	*** Make Che	th payable to: DEPT OF FLORIDA MCL	

Mail THIS completed/signed Form with Check or Money Order

NO LATER THAN SEPTEMBER 10, 2025 to:

Trisha Marsh, DOF MCL Convention Chair 27301 Foster Lane, Apt #3112 Bonita Springs, FL 34135