

# ***THE ROHNA SURVIVOR'S MEMORIAL ASSOCIATION***

## ***2026 REUNION***

***April 30-May 3, 2026 ~ SAN ANTONIO, TEXAS***

The reunion will be held at Holiday Inn San Antonio Riverwalk

217 N. St. Mary's Street, San Antonio, Texas 78205

210-224-2500

Room rate is: \$154 per night plus taxes.

Breakfast Buffet is available Friday & Saturday in the Windows Restaurant at a discounted rate of \$20.00 per guest.

Farewell Breakfast Buffet on Sunday is included in the registration price.

***MAKE YOUR HOTEL ROOM RESERVATION BY March 30, 2026***

Please tell the reservation agent at the time of your booking if you require an ADA room.

The hotel does not have an airport shuttle. Parking at the hotel is at a discounted rate of \$24 per day.

Registration is \$190 for adults; \$126 for Children ages 4-11

The registration fee includes the following:

- ❖ Welcome Package with Name Button, Itinerary, List of Attendees and Local Information
- ❖ Friday City Tour
- ❖ Saturday Morning Membership Meeting
- ❖ Saturday Night Banquet Dinner & Program
- ❖ Sunday Farewell Breakfast Buffet
- ❖ Hospitality Room Stocked with Snacks, Beverages & Cocktails all 3 Days

**Registration Fees for all Survivors and Convoy Members are paid by the Association.**

**Additional funds are also available to Survivors and Convoy Members for this reunion.**

**All Memorabilia is welcome! We'll display your loved ones WWII memories.**

Call the Holiday Inn San Antonio Riverwalk Hotel at 210-224-2500 for your room reservations.

**Our group reservation code is: Rohna Survivors Memorial Association**

**Be sure to mention this at the time of your booking.**

**IF YOU STAY EXTRA NIGHTS, THE ROOM RATE IS AVAILABLE 3 DAYS PRE AND POST - BASED ON AVAILABILITY**

If you have any problems making your reservation, **CALL THE REUNION BRAT** at 253-247-1618. Give us your reservation confirmation number and we will make sure you get the correct room and rate.

***PLEASE JOIN US IN SHARING OLD MEMORIES, MAKING NEW ONES and  
REMEMBERING THE MEN OF THE ROHNA!***

For more information or any questions, contact

The Reunion Brat ~ Phone (253)-247-1618 ~ EMAIL: thereunionbrat@hotmail.com

Deborah Sanchez ~ Phone: (408) 265-3951 ~ EMAIL: debsan1951@gmail.com

**REGISTRATION FORMS AND PAYMENT NEED TO BE RECEIVED BY March 30, 2026**

# THE ROHNA SURVIVORS MEMORIAL ASSOCIATION

## 2026 REUNION REGISTRATION

April 30-May 3, 2026 ~ SAN ANTONIO, TEXAS

MY NAME IS: \_\_\_\_\_

Please circle one of the following. I am a SURVIVOR\_\_\_ CONVOY MEMBER\_\_\_ Relative/Friend\_\_\_

If you are a CONVOY MEMBER (not Rohna) or Convoy Member's relative, PLEASE FILL IN THE CONVOY SHIP'S NAME: \_\_\_\_\_

If you are a Relative/NOK/Friend of a Survivor, Non-Survivor or Convoy Member, please give their name and relationship to you below. Also indicate if they are a: SURVIVOR NON-SURVIVOR CONVOY MEMBER  
\_\_\_\_\_  
Relationship to you \_\_\_\_\_

The above named person is: LIVING DECEASED (Please circle one)

YOUR ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

GUEST NAME(S) (Please indicate if your guest is related to a Survivor, Non-Survivor, or Convoy Member and how. Use back of form if necessary.) \_\_\_\_\_

PLEASE LIST ANY SPECIAL "FOOD NEEDS": \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_ Phone: \_\_\_\_\_

IS THIS YOUR FIRST REUNION? YES \_\_\_\_\_ NO \_\_\_\_\_

**BASIC REGISTRATION FEE:** *Number of ADULTS Attending* \_\_\_\_\_ x \$190 = \$ \_\_\_\_\_

**SATURDAY BANQUET MEAL SELECTION:** BEEF \_\_\_\_\_ CHICKEN \_\_\_\_\_ SALMON \_\_\_\_\_

*Number of CHILDREN (age 4-11) Attending* \_\_\_\_\_ x \$126 = \$ \_\_\_\_\_  
*Kids Meal (Spaghetti & Meatballs)*

~~~ POSSIBLE ADDITIONAL FEES ~~~

**Cost for those attending ONLY the Saturday Night Banquet Dinner:**

*Number of ADULTS Attending Banquet Only* \_\_\_\_\_ x \$86= \$ \_\_\_\_\_

*Number of CHILDREN (age 4-11) Attending Banquet Only* \_\_\_\_\_ x \$27= \$ \_\_\_\_\_

*Number Attending Breakfast Only* \_\_\_\_\_ x \$25= \$ \_\_\_\_\_

**If Paying By Credit Card Add 4% To Total Registration Fee = \$ \_\_\_\_\_**

**Total \$ \_\_\_\_\_**

**MAKE CHECK PAYABLE TO:** The Reunion BRAT 19009 178<sup>th</sup> Ave E. Orting, WA 98360  
OR

**FILL OUT BELOW FOR CREDIT CARD PAYMENT.**

CREDITCARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_ SECURITY CODE 3 DIGIT NUMBER) \_\_\_\_\_

NAME AS IT APPEARS ON CARD \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_