

2025 LEGION COLLEGE
HILTON RALEIGH NORTH HILLS
3415 WAKE FOREST RD
919-872-2323
FRIDAY AND SATURDAY JULY 11&12, 2025

Date Rec'd: _____
Check #: _____ Amount: _____
Notes: _____

For office use

NAME: _____

ADDRESS: _____

PHONE: (Home) _____ (Cell) _____

EMAIL _____ ARE YOU A NEW MEMBER IN LAST 3 YRS ☐

POST NO. _____ DISTRICT NO. _____ DIVISION NO. _____

_____ **\$20.00 REGISTRATION FEE PER STUDENT(Blue Cap Legionnaire or SAL)**

(Includes class information materials.) **NON-REFUNDABLE!**

Registration fee not required for members of the DEC, Instructors or Leadership Cmte

_____ **\$45.00 BANQUET PER PERSON (gratuity included) Friday evening, includes appetizers and entertainment. Please order tickets by July 4 cut off date.**

_____ **Total Check # _____**
(attach separate completed form for each attendee so we have name badges for Legionnaires and SAL.)

MAKE CHECK PAYABLE TO: The American Legion Dept. of NC
SEND FORM AND CHECK TO: PO Box 26657
Raleigh, NC 27611
919-832-7506

- **Tentative Registration opens at 4:00 PM-7:00 PM on Thursday evening July 10 and again at 8:00 AM on Friday with classes starting at 9:00 AM Friday and ending Saturday at noon.**
- **ADVANCE REGISTRATION & PAYMENT IS REQUIRED - DEADLINE DATE IS JULY 8, 2025**
(This does not refer to hotel rate cut off date, see below.)

I am attending Legion College as:

(Please mark the category below which applies to you for 2025/2026)

Blue Cap Legionnaire _____ (\$20.00 reg. fee required for Blue Cap Legionnaire & SAL)

DEC _____ Instructor _____ Leadership Development Committee _____ (No registration fee required for DEC, Instructor, Cmte categories)

EVERYONE IS RESPONSIBLE FOR MAKING THEIR OWN HOTEL RESERVATIONS.

Reservations can be made by calling **Hilton Raleigh North Hills at 919-872-2323**

Be sure to identify yourself as being with the American Legion

Rate is \$115.00 per night plus tax.

THIS RATE WILL ONLY BE HONORED FOR RESERVATIONS MADE BY JUNE 23, 2025



American Legion Department of NC
Credit Card Charge Agreement
2025

☐ Please Charge my Credit Card ☐ VISA ☐ MC ☐ DIS ☐ AMEX

CARD NUMBER _____ CVC CODE _____ AMOUNT _____

SIGNATURE _____ EXP DATE ____/____/____

* A 4% SURCHARGE WILL BE APPLIED FOR ALL CARD PROCESSING FEES

Description of purchase _____ Date _____