

**2025 Windemuth Family Reunion Reservation Form**  
**June 23-26, 2025**

Complete one registration form for each family or single adult attending the reunion.  
 (A family consists of parents and their children who are less than 18 years of age.)  
 Make checks payable in US dollars to: Windemuth Family Organization.  
 Mail this completed form with full payment to:

*Windemuth Family Organization*  
*C/O Cathy Ingraham, Treasurer*  
*P.O. Box 20277, Beaumont, TX, 77720-0277*

Registration deadline is June 1, 2025  
 Questions: **Contact Ralph Wintermute; phone (661) 904-5883**  
**e-mail: [rwintermute@windemuth.org](mailto:rwintermute@windemuth.org) or [rwmute@aol.com](mailto:rwmute@aol.com)**

**List each family member attending:**

Be sure to include first and middle names. Also include the maiden name (in parenthesis) of each married female:  
 Please circle which line you are a descendant of:

*Johann George   Georg Philip   Anna Elisabeth   Not Sure*

Adult #1: \_\_\_\_\_

Adult #2: \_\_\_\_\_

Child #1: \_\_\_\_\_ Child #3: \_\_\_\_\_

Child #2: \_\_\_\_\_ Child #4: \_\_\_\_\_

**Address:** Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

<b><u>Payment:</u></b>		<u>Number</u>		<u>Amount</u>
<b><u>Registration:</u></b>	Adult (age 18 and over)	_____	X (\$15 US) each \$	_____
	Children (age 17 and under)	_____		No Charge
<b><u>Coach Tour:</u></b>	Adult (age 13 and over)	_____	X (\$32 US) each \$	____ + _____
	Children (age 12 and under)	_____	X (\$25 US) each \$	_____
	Box Lunch	_____	X (\$12 US) each \$	_____
	<i>(Circle one) Sandwich (Roast Beef, Egg Salad, Ham &amp; Cheese), Vegan Gluten-free</i>			
<b><u>Dinner 1</u></b>	Fort Erie Admission	_____	X (\$10 US) each \$	_____
	Adult (age 13 and over)	_____	X (\$20 US) each \$	_____
<b><i>June 23</i></b>	Youth (age 6-12)	_____	X (\$11 US) each \$	_____
	<i>(Circle one) Spaghetti (Meatballs or Sausage) Gluten Free Vegan</i>			
<b><u>Dinner 2</u></b>	Adult (age 13 and over)	_____	X (\$20 US) each \$	_____
	Youth (age 6-12)	_____	X (\$11 US) each \$	_____
<b><i>June 25</i></b>				

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

## **Hotel Information:**

### **Ramada by Wyndham Niagara Falls/Fallsview Hotel**

6045 Stanley Ave., Niagara Falls, Ontario, Canada L2G 3Y3

Reservation Phone Number: **1-905-581-2275**

Please call the hotel directly to book your room from the block being held under **Windemuth Family Organization**. Please make sure you use this name. The reservation cutoff date is 5-22-2025, once this date passes any un-reserved room will be released back to the hotel and the group rate will not apply. Each family member will be given a 72-hour cancellation policy to avoid a one-night and tax charge. Room, taxes and incidentals will be charged to each individual reservation and will require a valid credit card on file for payment. There is also an IHOP restaurant on site for Breakfast (not included). All payments are in Canadian Dollars.

Group Rate per room:

Double/King with taxes:	\$155.25 (CAD)per night
	\$108.45 (US) per night
Parking per night:	\$15.00 (CAD)
	\$10.48 (US)

Any questions please call the hotel directly. **1-905-581-2275**

## **Itinerary for the Reunion**

June 23, 2025, Check in

Family dinner that evening

June 24, 2025, Family Meeting and Picture

Afternoon Free, Niagara Falls Sightseeing

June 25, 2025, Bus Tour to Fort Erie

Family Banquet that evening

June 26, 2025, Departure for home