

REGISTRATION FORM FOR KYARNG
Family Strong Bonds Training Event

(PLEASE TYPE OR PRINT)

DATES OF STRONG BONDS TRAINING: August 21-23, 2015, Scottsville, KY

SOLDIER'S NAME: _____
(LAST) (FIRST) (MI)

SOLDIER'S EMAIL: _____

SOLDIER'S SEX: _____

SOLDIER'S HOME ADDRESS: _____

SOLDIER'S PHONE: (____) - _____

SOLDIER'S RANK: _____

SOLDIER'S UNIT: _____ MSC: _____ BATTALION: _____

UNIT'S PHONE: (____) _____

If Training Event is a couples or family event, complete section below.

SPOUSE'S NAME _____
(LAST) (FIRST) (MI)

SPOUSE'S EMAIL: _____

SPOUSE'S SEX: _____

IS SPOUSE IN DEERS? YES / NO

| CHILD'S NAME | CHILD'S AGE | GENDER | IS CHILD IN DEERS? YES / NO |
|--------------|-------------|--------|--------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

** A camp application must also be completed and faxed to the camp prior to attending.

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RETURN THIS FORM NLT: 3 weeks prior to training dates

E-mail to: PHILIP.V.MAJCHER.MIL@MAIL.MIL
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