

Cadet Mini-Registration

Please type your response in the provided fields.

Date _____

Cadets Last name _____ First name _____ Middle name _____

Social Security # _____ Gender: M F Preferred Gender: M F

Date of Birth (DD/MM/YYYY) _____

Street Address _____

City _____ State _____ ZIP _____

Telephone (Home) _____ (Cell) _____

Host School _____ FICE CODE _____

School HRA Telephone _____

School _____

City _____ State _____ ZIP _____

SMP Unit Name _____ UIC _____

SMP Unit POC & Telephone _____

SMP Unit Street Address _____

SMP City _____ State _____ ZIP _____

Are you a Service Member? Yes No If yes, Army: Regular Reserves National Guard

Are you a Dependent of a Service Member? Yes No

If yes: Sponsor's Social Security # _____

List known allergies and reaction: None _____

