

Sponsorship Request Form

Instructions:

Please complete the following form. Then press the submit button below:

Your Name:	<input type="text"/>		
Your Age:	<input type="text"/>		
Male / Female:	Choose <input type="button" value="v"/>		
Grade Entering:	Choose <input type="button" value="v"/>		
Mailing Address:	<input type="text"/>	City, State & ZIP <input type="text"/>	
e-Mail Address:	<input type="text"/>		
Expected Arrival Date:	Month <input type="button" value="v"/>	Day <input type="button" value="v"/>	Year <input type="button" value="v"/>
Unit Soldier is assigned to:	<input type="text"/>		

What would you like to know about your new community?

<input type="text"/>

List your hobbies, interests, skills, or talents:

<input type="text"/>

Any information you provide will be used for stated purposes only. Any personal information collected is on a voluntary basis and will be used for stated purposes only. No personally identifiable information will be sold, given away or distributed to any party outside of the government for any purpose.

Today's Date

Contact Phone Number

I prefer being called during the..... Day Night Either