

US Army CADET COMMAND ARMY FAMILY ACTION PLANNING WORKSHOP REGISTRATION FORM

24-26 September 2003 Delegate Training ***9-12 March 2004 AFAP Conference**

FRTI Application & Conference Participant Registration Form

DATA REQUIRED BY THE PRIVACY ACT OF 1974; AUTHORITY: 5 USC 301, 10 USC 3013. PRINCIPAL PURPOSE: Identification of participants in the Army Family Action Planning Conference. ROUTINE USES: Used to record information pertaining to attendees at the USACC Army Family Action Plan Planning Conference. DISCLOSURE: Disclosure is voluntary.

Complete form electronically. Please provide your current mailing **and email** address. If completing for someone else, please ensure *correct* spelling of names!

1. FIRST NAME	INITIAL	LAST NAME:	SSN
(Circle answer) MALE	FEMALE		
FIRST NAME AS YOU WANT IT ON NAME TAG: _____			
CONUS Street Address Required; OCONUS Street and APO Addresses required:			
ADDRESS: _____ <small style="text-align: right;">Line 1)</small>			
_____ E-Mail Address: _____ <small style="text-align: right;">Line 2)</small>			
CITY _____	STATE: _____	ZIP or APO: _____	
PHONE: COMMERCIAL: _____ <small style="text-align: right;">(include area code)</small>			
DSN (AUTOVON): _____			
FAX: _____			
REGION: _____		BATTALION: _____	
List emergency contact info: Name _____			Relationship _____
			Phone # _____

Complete 2.c. and all that apply.

<p>2. YOUR MILITARY AFFILIATION? <i>(Circle correct answer.)</i></p> <p>a. Are you a:</p> <ul style="list-style-type: none"> Soldier Spouse of Soldier Youth Retiree <p>b. If you are a soldier are you:</p> <ul style="list-style-type: none"> Active-Duty Reserve National Guard Retired <p>c. What is your rank? _____</p> <p>d. If you are a spouse is your sponsor:</p> <ul style="list-style-type: none"> Active-Duty Reserve National Guard Retired <p>d. What is your sponsors rank? _____</p>	<p>3. YOUR DA CIVILIAN AFFILIATION? <i>Circle correct answer.)</i></p> <p>a. Are you a:</p> <ul style="list-style-type: none"> DA Civilian Employee Spouse of DA Civilian Youth of DA Civilian <p>b. Are you a military spouse Yes No</p> <ul style="list-style-type: none"> Active-Duty Reserve National Guard Retired <p>c. What is your sponsors rank? _____</p>
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<p><u>YOUR MARITAL STATUS?</u> <small>(Put "X" before correct selection)</small></p> <p style="text-align: center;"> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widower/Widow </p>	<p>5. YOUR FAMILY TYPE? <u>(Circle all that apply)</u></p> <p>Have children: No children</p> <p style="padding-left: 20px;">Dual-Military Sole (single) -Parent</p>
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7. Have you ever participated in an AFAP Conference?
Yes No

Indicate where and when:
Installation level; what year(s)?
MACOM level; what year(s)?
DA level; what year(s)?
Other (list); what year(s)?

<p>SIGNATURE: Applicant <small>(If completing electronically, type in: "Confirmed by: applicant name" in place of sig)</small></p> <p style="text-align: center;">Date: _____</p>	<p>SIGNATURE: USACCAFAP Coordinator <small>(If completing electronically, type in: "Confirmed by: AFAP Program Manager name" in place of sig)</small></p> <p style="text-align: center;">Date: _____</p>
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